

# North Carolina Olmstead Plan Implementation

Summary Report: July 1 through September 30, 2023

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## Background and Introduction

Targeted divisions and offices within the North Carolina Department of Health and Human Services (NCDHHS), working with other state agencies, continue to further refine, in quarterly work plans, the high-level action steps and timeframes for completion necessary to implement the State's Olmstead Plan strategies. Staff continue to provide quarterly reports to capture progress with strategies and implementation activities. These inputs provide the foundation for measuring overall progress towards Plan implementation. This report accounts for *activity* during the third quarter, July 1 through September 30, of Plan Year Two, Calendar Year 2023; however, the *data* reported is typically for the previous quarter.

The Technical Assistance Collaborative (TAC) continues to review each work plan, to clarify action steps as needed, and to capture challenges to Plan implementation. In addition, TAC continues to work with the NCDHHS and Mathematica, the lead contractor for identifying baseline data and targeted outcome measures for the Plan.

The build-up of the community-based system, along with the 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, leadership, and the North Carolina General Assembly for the time, thought and resources 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No Longer Under Consideration: The strategy is no longer active for Plan implementation.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 April 1 through June 30, 2023, the second 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
40	75	5	4	12	1

The 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.

The Plan contains five strategies that have yet to be advanced; delayed launch of the Tailored Plans (TPs) continues to postpone the implementation of these strategies. For example, in-reach requirements for TPs to provide frequent education about transition services and supports to members admitted to a state psychiatric hospital, adult care home (ACH) or Intermediate Care Facility for people with intellectual and other developmental disabilities (I/DD) cannot be enforced until the TP contracts are in effect. Four strategies are on hold pending further analysis. For example, adding remote technology support to the Innovations Waiver is pending based on the lack of compelling results that remote supports are viable or desired by individuals with I/DD and their caregivers. However, these strategies remain of interest and may be carried forward for ongoing Olmstead planning.

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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The NCDHHS divisions reported considerable progress with strategies during the third quarter of Plan Year Two implementation. Prior examples of progress achieved are not repeated below but can be found in the Quarterly Summary Reports previously released by the Department and posted on the NCDHHS Olmstead Plan site at <https://www.ncdhhs.gov/about/administrative-offices/office-secretary/nc-olmstead>. What follows are highlighted *examples* of progress achieved between July 1 and September 30, 2023.

### Examples of Strategies and Action Steps Completed or In Process Between July 1 and September 30, 2023.

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

The Division of Child and Family Wellbeing (DCFV) is tracking each Local Management Entity/Managed Care Organization (LME/MCO) via the LME/MCO Dashboard. Additionally, data on Psychiatric Residential Treatment Facility (PRTF) use will also be available in DCFV's Child Behavioral Health Dashboard. It is currently in the testing and validation phase and scheduled for launch this year.

The Division of Health Benefits (DHB) is maintaining utilization of the 114 additional Community Alternatives Program for Disabled Adults (CAP-DA) waiver slots approved by the Centers for Medicare and Medicaid Services (CMS). CMS also approved additional capacity for the Community Alternative Program for Children (CAP-C) waiver.

The DHB is also accepting and processing referrals, received from the LME/MCOs and other behavioral health organizations, for children on the Registry of Unmet Needs or with behavioral health/cognitive limitation as the primary condition, who meet inpatient or skilled nursing facility level of care criteria, to determine eligibility for enrollment in the CAP/C or CAP/DA waivers.

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

Efforts undertaken by the Workforce Engagement with Care workers to Assist, Recognize and Educate (WECARE) initiative, funded by the Money Follows the Person (MFP) Program to determine the competency-based curricula for training DSPs across sectors continue:

- The workgroup is using the crosswalk its staff has developed to track the current training requirements of the direct care workforce under NC's Home and Community Based (HCBS) waivers to inform the Observations and Recommendations currently under development.
- The timeline for the initiative's core competency analysis has been extended and is underway.
- Observations and recommendations and the core competencies analysis are to be finalized by the end of this quarter.

NC Area Health Education Center (AHEC) submitted the final recommendations for a certification plan for direct care workers (DCW) in home and community-based settings in North Carolina to DHB on September 29, 2023. With this report, AHEC offers a comprehensive plan for implementing DCW worker certification across the State. The plan includes concrete recommendations for policy and practice as well as an exploration of the challenges facing direct care workers both in and outside of home and community-based settings.

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

To divert and transition children from congregate care placement, the NC Division of Social Services completed the new Foster and Adoptive Parent Recruitment and Retention Plan, proposing targeted recruitment for resource families with an emphasis on kinship families. The development of the

statewide media campaign for recruiting and retaining resource parents has been completed and implementation is ongoing.

The Division of State Operated Healthcare Facilities (DSOHF) continues to progress with a series of initiatives that promote transitions to the community for State Developmental Center residents, including:

- Training all staff members who are involved in transitions to community in the process, guidance, and goals for those people with a Memorandum of Agreement (MOA) who are expected to transition within the identified timeframe. This training will be offered for all new employees and on an annual basis to ensure that expectations are met and that there is consistency in implementing the process. leadership
- Facilitating meetings with leadership from State Developmental Centers and the LME/MCOs to develop action steps for people with an MOA who are experiencing significant barriers to transition.
- Contracting with a vendor to provide education on *Olmstead*, as well as providing benefits counseling to the residents and family members and/or legally responsible persons about community supports and services.

Transition to Community Living staff are completing monthly quality reviews to monitor the use of informed choice practices when individuals are at risk for entry into an Adult Care Home (ACH). Staff are determining if individuals were fully educated, prior to the ACH admission, about community-based housing options and made an informed choice to enter the ACH.

As of 9/6/23, the Alliance of Disability Advocates (ADA/NC) justice initiative had received 194 total referrals and completed 185 Individual Re-entry Plans with an 85.5% success rate.<sup>1</sup>

- This initiative was accepted to present at the National Association of Dual Diagnosed Conference in Nashville, TN in December.
- The Division of Mental Health, Developmental Disabilities and Substance Use Services (DMH/DD/SUS) has given a two-year contract to ADA/NC to continue this work while also adding people with Traumatic Brain Injury (TBI) to the intellectual and other developmental disabilities (I/DD) focus.

#### ***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 Division of Vocational Rehabilitation Services (DVRS) continues expansion of existing Pre-Employment Transition Services vendor projects into the underserved counties of Lenoir, Green, and Wilson. Vendor projects remain at 22 to date with the possibility of expansion and new vendor projects in the 2023 - 2024 school year to cover new areas.

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<sup>1</sup> Success equates to reduced recidivism in re-arrests, reconviction, or reincarceration

DVRS continues active participation with the Work Together NC Project, funded by an Administration for Community Living grant. This project targets youth employment. DVRS is an ongoing participant in the Post-Secondary Education Alliance.

Activities accomplished in Year 1 of the Subminimum Wage to Competitive Integrated Employment (SWITCIE) grant include:

- Pilot sites identified - Tri-County Industries, Chatham Trades, and Wake Enterprises
- Stakeholder Engagement Advisory Group selected project name and branding: Project SPARK. This public facing name change for the SWITCIE grant took place to increase recognition and understanding.
- Execution of an evaluation contract with the Center for Urban Affairs and Community Services through North Carolina State University.
- Competitive employment incentive milestones have been defined with established rates through the SWITCIE grant. Customized Employment, as defined by a Request for Applications (RFA), will be provided to Project SPARK participants effective October 2023.

In September, the NCDHHS announced launch of the Inclusion Works initiative to promote competitive integrated employment for people with intellectual and/or other developmental disabilities. The initiative supports work in an integrated setting for fair pay for those that make this choice. Inclusion Works offers resources for people with disabilities seeking employment, those who are currently employed, and for employers who hire and retain those with I/DD.

The NCDHHS is working toward standardizing the North Carolina Collaborative for Ongoing Recovery through Employment (NC CORE)<sup>2</sup> to reduce provider administrative burden and to mitigate potential revenue losses. Workgroups met in July, hosted by the DVRS and the DMH/DD/SUS, with representatives from all six LME/MCOs, six providers, a University of North Carolina Institute trainer, and DMH/DD/SUS, DHB and DVRS program and policy staff. A timeline was developed with the aim of finalizing and approving the revised model and launching it in all LME/MCOs on November 1, 2023.

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

The NCDHHS has continued, with consultation and support from TAC's Housing Team, to advance the draft Strategic Housing Plan. TAC is incorporating feedback received during the public comment period into the final draft plan, anticipated for release in final form in late 2023. TAC is also working with the

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<sup>2</sup> NC CORE is a pilot project in which fee-for-service Medicaid reimbursement and state funding was replaced with a shared funding model. Both Vaya Health and DVRS fund the achievement of milestones for the provision of Individual Placement Support – Supported Employment (IPS/SE).

Housing Leadership group to develop a one-year action plan to guide implementation of the Housing Plan in 2024.

HOPE NC<sup>3</sup> continues its commitment to create affordable, inclusive housing and transportation for adults with I/DD in the Triangle region of the state.<sup>4</sup> HOPE NC has partnered with the national non-profit organization Preservation of Affordable Housing (POAH), prioritizing a “Ground Up Community” objective to create affordable, inclusive housing units, to address the affordable housing gap in the Triangle. They also initiated a needs assessment in collaboration with UNC TEACCH to determine housing needs for adults with I/DD in the Triangle. Most recently, HOPE initiated a project to gather input on belonging, engaged with other national groups, and started developing a coalition working on inclusive community housing in North Carolina.

The Western NC Initiative for Supportive Housing (WISH), a collective impact grant awarded by Money Follows the Person (MFP) to Land of Sky Regional Council, offered a 90-minute webinar on accessory dwelling units. It attracted a large audience of planners interested in expanding housing options to support individuals with high needs. Overall, the WISH Collaborative has made significant progress in building relationships, engaging partners and raising awareness about the need for supportive housing options for vulnerable populations.

To date, 89% of Independent Living Rehabilitation Program participants achieved their goal of living independently in their homes and communities, exceeding the DVRS’ goal of 80%.

In July and August, the DSOHF, in partnership with Liberty Corner and MFP, offered two, open, informational sessions on supported living. The July session presented an introduction to supported living and the August session featured a panel discussion with people with lived experience.

DVRS was awarded two grants to fund assistive technology (AT) assessments and training and AT equipment. As a result:

- 202 individuals received AT equipment;
- Access referrals were reduced to five individuals waiting on equipment; and
- A total of 917 assistive technology items were ordered.

The grant funding had to be spent by September 30, 2023.

The NC Assistive Technology Program has been developing outreach to individuals in rural parts of the state, providing increased access to AT devices and services. Efforts include providing YouTube demos and AT Center virtual demonstrations and posting online assistive technology resources.

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<sup>3</sup> The driving force behind the creation of HOPE is the dilemma many families face: where will their adult children with I/DD live when aging caregivers can no longer care for them. HOPE advocates that those with I/DD have the freedom to choose to live in their own home with access to needed supports and services.

<sup>4</sup> The Triangle is a common nickname for a metropolitan area in the Piedmont region of North Carolina. It consists of Raleigh-Durham-Chapel Hill and is a hub for the technology and biotech companies known collectively as the Research Triangle Park.

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

The Division of Health Benefits (DHB) is developing the policies and procedures to implement the recently approved 1915(i) Medicaid State Plan Amendment.<sup>5</sup> 1915 (i) services include:

- Supported Employment – this service will be newly available to beneficiaries with severe substance use disorders (SUD) and traumatic brain injuries (TBI) and will continue for individuals with I/DD, Severe Emotional Disturbance or Severe Mental Illness. Note that this service includes the IPS model.
- Individual Support and Transitional Living Skills services -- this service combines Individual Supports, Transitional Living, and Intensive Recovery Supports into one definition.
- Respite -- This service is available to children ages 3 to 20 who have a severe SUD; children meeting diagnostic criteria who reside in therapeutic foster care or another residential placement and are at risk of losing their placement; and adults with TBI; and will continue for children and adults with I/DD
- Community Living Supports -- will be offered for beneficiaries ages 3 and older who have an I/DD or TBI. This service replaces In-Home Skill Building.

Eligible individuals will be able to receive these home and community based services through the Medicaid State Plan (i) option without needing a waiver slot.

### **Children**

The NCDHHS is awarding expansion grants for NC Psychiatric Access Line services to increase access to psychiatric support for community providers.

In September, North Carolina received a Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care Grant. It will provide additional funding for more Hi Fidelity Wrap-around teams, resulting in statewide coverage. Funding will be awarded to providers and partners in January 2024.

The NCDHHS is finalizing a contract with UNC-Chapel Hill to execute and plan for Youth Mental Health First Aid (MHFA) training sessions for the 2023-24 school year. Teen MHFA trainings are tentatively scheduled for the Winter of 2023, following the completion of the first rounds of Youth MHFA sessions.

### **Adults and Older Adults**

Legislation, passed earlier in 2023, allowed for Medicaid expansion in North Carolina, pending passage of the budget for Fiscal Years 2023 – 2025. Without the Governor’s signature, the budget approved by

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<sup>5</sup> <https://medicaid.ncdhhs.gov/north-carolinas-transition-1915b3-benefits-1915i/download?attachment>



state lawmakers in September passed. Medicaid Expansion, long advocated for by the Governor, will go into effect on December 1, affording more than 600,000 people access to health care coverage. In addition to billions of dollars that the State will receive from the enhanced federal Medicaid funding tied to Medicaid expansion, North Carolina will receive the American Rescue Plan’s additional Medicaid expansion funding for the non-expansion population, estimated at \$1.8 billion, for the first two years. Medicaid expansion is expected to create 40,000 additional jobs in the state.

The National Alliance for People with Mental Illness (NAMI) NC continues to contract to provide community inclusion projects<sup>6</sup> across the state, as well as support groups for people with lived experience. They provide psychoeducational programs (peer-to-peer) and, using the NAMI Connection Recovery Support Group model, will begin a peer support group for Transition to Community Living (TCL) program participants.

A proposal was submitted to the DMH/DD/SUS and is under review to start peer-operated respite in the Triangle.

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

On August 18, 2023 Senate Bill 308, titled “Guardianship Rights,”<sup>7</sup> passed unanimously in the House of Representatives with modifications, where it became a part of Senate Bill (SB) 615. SB 615 added criteria for use in determining when a person does *not* lack the capacity to make his or her own decisions. It also identified alternatives to guardianship, including supported decision making. This bill passed in the Senate and then in the House on September 19<sup>th</sup>, 2023. Governor Roy Cooper signed Senate Bill 615 into law on September 28.

All State Developmental Centers have implemented training for a cohort of residents, using the Project STIR (Steps Toward Independence and Responsibility) materials. The Centers will also consider development of a paid advocate position for people with I/DD as a work opportunity during their admission.

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

The DMH/DD/SUS continues to expand the Collegiate Recovery Program.<sup>8</sup> A Request for Applications (RFA) was posted, resulting in nine, fully executed contracts through June 30, 2024. Additionally, the contract with the University of North Carolina (UNC) General Administration was underway, through the period ending June 30, 2024, for 14 schools in the UNC system. There will be 18 collegiate recovery

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<sup>6</sup> Community Inclusion focuses on individualized opportunities for people to be engaged with and thrive as participants in their communities.

<sup>7</sup> The original bill updated General Statute 35A by: 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.

<sup>8</sup> Collegiate recovery programs offer support in recovery from addiction for individuals seeking undergraduate and graduate educational opportunities.

programs across the state in total, including five Historically Black Colleges and Universities (HBCUs) and two minority-serving institutions.

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

The Steering Committee for the Piedmont Triad Regional Development Council's Natural Supports Collective Impact grant continues to grow, with over half of its members having significant lived experience with I/DD or caregiving for someone with I/DD or an older adult. The Natural Supports project, funded by MFP, integrated the use of a social media platform called *Cultivate* to facilitate communication and information dissemination with caregivers and citizens with high support needs in Forsyth and Davie counties.

The NCDHHS executed a contract with University of North Carolina - Greensboro that includes funding for up to 25 individuals to obtain the national Family Peer Specialist Certification.

NAMI NC continues to contract to provide community inclusion projects across North Carolina, as well as support groups for persons with lived experience. They provide psychoeducational programs (Peer-to-Peer) and using the NAMI Connection Recovery Support Group model, NAMI NC will begin a peer support group for TCL program participants.<sup>9</sup>

The DMH/DD/SUS continues its support for Temple University's work in the state. Temple will provide the following in 2023 - 2024: 1) consultation to the community inclusion projects run by ADA/NC and Solutions for Independence; 2) collaboration with NAMI NC in trainings related to their community inclusion activities<sup>10</sup>; 3) a series of trainings on building natural supports and other topics for TCL member/recipients and other providers; 4) training for AHEC, including a possible onsite, multi-day set of trainings for their providers related to promoting community inclusion; and 5) other ad hoc training and technical assistance as requested and/or approved by the NCDHHS on topics related to community inclusion. Temple's work could include regional trainings in partnership with LME/MCOs and Tailored Plans and their provider networks on topics related to community inclusion, social isolation and loneliness, and addressing social determinants of health.

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

The Western North Carolina Initiative for Supportive Housing (WISH), the MFP Collective Impact grant awarded to Land of Sky, completed the first year of the grant. Their Year 1 efforts to address housing

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<sup>9</sup> This strategy is intentionally repeated, as the work also addresses a gap in services for adults with serious mental illness (SMI).

<sup>10</sup> This includes the provision of technical assistance on the expansion of community inclusion activities and affiliate participation in community inclusion grant opportunities.

and transportation challenges have laid the groundwork for further developments in the second year of the grant, which began July 1, 2023.<sup>11</sup>

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

The NCDHHS is in the process of reviewing Mathematica’s recommended priority measures, designed to assess the impact of the Olmstead Plan’s strategies.

## **Challenges for Plan Implementation**

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### **Addressing the Ongoing Workforce Crisis**

The NCDHHS has funded two efforts to address the frontline workforce crisis, one through the NC Council on Developmental Disabilities (NCCDD) to address compensation and a second, to AHEC, to develop recommendations related to credentialing and certification. Additionally, the Coalition on Aging has funded PHI to assist in developing competencies against which the frontline workforce should be trained. The NCCDD’s Direct Support Professional Work Group has advocated for pay increases in the NC General Assembly, an effort expected to meet with success. These efforts are critical, as providers continue to struggle to hire and maintain sufficient staff to meet the needs of service recipients with disabilities.

### **Compliance with the Settlement Agreement**

The six pillars of the Settlement are as follows and provide for:

1. **Community-based Supported Housing** - permanent, integrated, affordable housing for people who are TCL-eligible and choose to live and receive services in the community. Tenancy supports are provided to every person with a housing slot.
2. **Community-based Mental Health Services** - access to the array and intensity of services and supports necessary to enable a person who is TCL-eligible to successfully transition and live in the community.
3. **Supported Employment (Individual Placement Supports)** - supported employment services that assist the person to identify and maintain integrated, paid, competitive employment.
4. **Discharge and Transition Process** - informed decision making and assistance in transitioning from a State Psychiatric Hospital or from an Adult Care home into permanent supported housing.
5. **Pre-admission Screening and Diversion** - effective diversion from entry to and Adult Care home and movement into permanent, supported housing.

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<sup>11</sup> This strategy is intentionally repeated as the initiative addresses both inclusive community living as well as access to transportation.

6. **Quality Assurance and Performance Improvement** - a quality assurance and performance improvement monitoring system that ensures that a community-based placement and services are developed in accordance with the Settlement Agreement and that the person receives services and supports they need to ensure health, safety, and welfare.

Each pillar has milestones to be achieved for the State to be in substantial compliance with the Agreement on or before July 1, 2025. North Carolina continues to work to reach substantial compliance to date, resulting in a fifth modification of the Settlement Agreement.

## Medicaid Expansion

Medicaid Expansion will go into effect on December 1<sup>st</sup>, 2023. This is a tremendous opportunity for North Carolina and its residents; however, it comes with a heavy lift for the Department and LME/MCOs to finalize preparations for implementation, assuring adequate provider capacity to meet the potential increased demand for services.

## Launch of Tailored Plans

Launch of the Behavioral Health and Intellectual and Developmental Disabilities Tailored Plans is being delayed beyond October 1, 2023. As identified earlier in this report, delay of the Tailored Plans impacts this Olmstead Plan by delaying relevant strategies.

# Next Steps in Olmstead Plan Implementation

North Carolina's current Olmstead Plan identifies priorities and action steps to be completed through December 31, 2023. The Department has acknowledged from the inception of the Plan that the initial Plan was a starting point and that the work would be ongoing. The Department has proposed a timeline for updating the Plan for the next two years, 2024 and 2025. TAC has started working with leadership and staff to review existing priorities, strategies, and actions steps; to determine all that have been completed or that should be carried forward for ongoing implementation; and to identify new or emerging efforts to be included in the updated Plan. The NCDHHS is also actively working to identify measures that can be used to assess the impact of the Plan on achieving community inclusion for North Carolinians with disabilities. The Olmstead Plan Stakeholder Advisory Committee has expressed a strong interest in moving toward measuring outcomes.

With support from TAC, as needed, the NCDHHS will:

1. Work with staff to complete the status review of existing Plan priorities, strategies, and action steps.
2. Identify outstanding strategies and action steps for potentially carrying forward into Quarter 1 of 2024, removing or retiring strategies that have been accomplished or will be replaced by newer strategies.
3. Generate a draft Transitional Olmstead Plan for Quarter 1 of 2024, drawing from the Calendar Year (CY) 2022-2023 Plan.
4. Work with leads, responsible divisions/staff and Mathematica to identify new strategies, opportunities, and measures for the CY 2024-2025 Plan, Quarters 2-4.

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