

North Carolina Olmstead Plan Implementation

Summary Report: April 1 through June 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 second quarter, April 1 through June 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 is working 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No Longer Under Consideration: The strategy is no longer active for Plan implementation.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
27	85	5	0	10	0

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. For example, the Plan previously included the following “strategy”:

The DHHS is committed to expanding integrated, supported education and employment, including CIE and other meaningful day opportunities, for all individuals with disabilities, based upon each individual’s informed choice and their unique circumstances and needs. The Department will continue its ongoing cross-division undertaking to improve supported employment opportunities for individuals with I/DD, including customized employment, and to align Medicaid- and state-funded supported employment services for these individuals with the Department’s vision for integrated employment as part of Tailored Plan care management. The DHHS will expand a model in which services and supports will be provided to persons with I/DD to enable their employment in integrated community settings. These efforts will include helping individuals with I/DD prepare for and transition to CIE, following an individual’s informed choice to explore and pursue CIE.

In consultation with the Department, TAC determined that this language is a statement of intent, but as written is not a strategy with action steps. Strategies within this plan, and to be developed in the ongoing planning work, will better serve that purpose.

The Plan contains five strategies that have yet to be advanced. For example, the Plan includes the following strategy:

The DMH/DD/SAS will work with the Standard Plans and LME/MCO Tailored Plans to increase the use of “smart home” technologies that support independent living.

The lack of sufficient staffing, current budget constraints and the delay in launch of the Tailored Plans have impeded forward movement for this strategy as written. However, the strategy remains 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

North Carolina continued to progress with strategies during the second 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](https://www.ncdhhs.gov/about/administrative-offices/office-secretary/nc-olmstead). What follows are highlighted *examples* of progress achieved between April 1 and June 30, 2023.

Examples of Strategies and Action Steps Completed or In Process Between April 1 and June 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 expansion of the Traumatic Brain Injury (TBI) Waiver into Orange and Mecklenburg counties, effective April 1, 2023, provides coverage for community based TBI services and supports to more people in need.

The Rapid Response Team¹ data system was in the final phase of development and scheduled for implementation by June 30. A contract between the US Health Resources and Services Administration (HRSA) and the North Carolina Psychiatric Access Line² (NC-PAL) was executed in May 2023; it included one-time funding for selected services within the Coordinated Action Plan. The Therapeutic Foster Care Professional Parenting and the Systemic, Therapeutic, Assessment, Resources and Treatment (START) programs are underway in accordance with the Coordinated Action Plan.

Priority Area #2: Address the Direct Support Professional Crisis

Initiatives underwritten by NC Medicaid, Money Follows the Person (MFP)³ program, continue to examine the Home and Community-Based Services (HCBS) direct care workforce competency-based training and credentialing practices and to make recommendations for future design.

¹An NCDHHS cross-divisional team that meets every weekday to remove barriers and facilitate problem-solving for children in DSS custody who need placement at the identified medically necessary level of care by removing barriers created by systemic issues, and by facilitating problem-solving and challenging conversations among county DSS, LME/MCOs, and other stakeholders in the child serving system.

² NC-PAL is a behavioral health telephone consultation program available to pediatric health care providers.

³ Money Follows the Person is a state project that helps NC Medicaid-eligible North Carolinians living in qualified facilities move into their own homes and communities with supports.

Ongoing efforts undertaken by the Workforce Engagement with Care Workers to Assist, Recognize and Educate (WECARE) initiative include:

- Completion of a credential crosswalk of the current training requirements of NC's HCBS direct care workforce. The crosswalk will soon be vetted by the NCDHHS staff across agencies.
- Recommendations for proposed competencies, to be released by the fall of 2023.

Concurrently, the NC Area Health Education Centers (NC AHEC) is preparing recommendations for a training/credentialing plan for direct care workers in HCBS settings. The following updates reflect NC AHEC's current status on this project:

- Exploratory meetings and listening sessions have taken place, or are scheduled, with approximately 35 stakeholders, vendors, and experts from approximately 20 entities.
- Draft of recommendations are scheduled for initial peer review August 25-September 8, 2023.
- Final recommendations will be submitted by September 30, 2023.

The Division of Aging and Adult Services (DAAS) Assistive Technology program continued to support individuals in their homes and communities. Between March 1, 2023, and May 31, 2023, 2,986 individuals were served; of these individuals, 579 had a disability and 292 were age 60 and older.

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

In response to Senate Bill 693, Part IV, Section 4.(a), Develop a Plan to Increase Appropriate Treatment and Residential Settings for minors in need of behavioral and mental health services, the Division of Child and Family Welfare completed a report on the requested needs assessment and submitted a recommended plan. The plan included funding requests, as necessary, to support a shared vision and outcomes for reducing out-of-home placements.

The Duke Endowment awarded funding to the Division of Mental Health/Developmental Disabilities/Substance Use Services (DMHDDSUS) to fund Mobile Outreach Response Engagement Stabilization (MORES) Crisis Intervention Teams for children and families to prevent unnecessary admissions to out-of-home settings. Teams are currently serving seven counties.

Joint Communication Bulletin (JCB) 442, Clarification of Transitions to Community Living Discharge and Transition Process from Adult Care Homes,⁴ outlines expectations for the discharge and transition process for Transitions to Community Living (TCL). These procedures assist with transitioning individuals from Adult Care Homes (ACH) into permanent supportive housing in compliance with the requirements of the TCL Settlement Agreement with the US Department of Justice (DOJ), dated August 23, 2012.

⁴ : <https://www.ncdhhs.gov/joint-communication-bulletin-j442-transitions-community-living-discharge-and-transition-process/download?attachment>

The Division of Health Benefits (DHB) continued working with the Centers for Medicare and Medicaid Services (CMS) to gain approval of the 1915(i) Medicaid State Plan Amendment.⁵ The Local Management Entity/Managed Care Organizations (LME/MCOs) continued to use (b)(3)⁶ services to support individuals while awaiting approval of the 1915(i).

The Division of State Operated Healthcare Facilities (DSOHF) continued to face recruitment challenges for the Olmstead Specialist positions at the Murdoch and Riddle State Developmental Centers. As an alternative, DSOHF initiated development of a training for all social workers on supporting the transition to community process. The training will be offered twice a year as a requirement for all Social Workers at the Centers.

The DSOHF has made substantial progress in reducing the standard length of stay, along with extension requests, for all adult admissions to the State Developmental Centers. The standard, initial Memorandum of Agreement (MOA) has been reduced to six months, with standard extensions reduced to three months. The Division continues efforts to reduce the standard initial MOA to three months. For all residents admitted prior to 2012, who do not have an MOA, the State Developmental Centers are providing education on what the *Olmstead* decision means and its importance. The DSOHF is also offering benefits counseling to Center residents and family members and/or legally responsible persons with a focus on community supports and services that are available.

Peer Respite Services continue to divert and transition individuals from restrictive service settings. In June 2023, the Sunrise Community for Recovery and Wellness respite program had 16 guests. Fifteen of the 16 completed their stay; 8 of the 16 guests had never been to the respite program before. The intake line for Peer Respite received 272 calls. A proposal was recently submitted to DMHDDSUS to start a Peer Operated Respite in the Triangle (Raleigh-Durham-Chapel Hill) area. The proposal is under internal review.

In May 2023, the Division of Social Services' (DSS) Diligent Recruitment and Retention (DRR) team met with the Capacity Building Center for States for technical assistance with its DRR plan. In June 2023, the draft NC DSS DRR plan was completed. The DSS implemented a statewide media campaign to attract more foster care families. Kinship-focused Continuous Quality Improvement (CQI) meetings will be held during the upcoming 2023-2024 State Fiscal Year (SFY) and are in the planning phase. Kinship legislation was included in Senate Bill 20. The law directs that the NC DSS develop and implement a policy that allows individuals who are related by blood, marriage, or adoption to provide foster care without having to be licensed. The law allows six months from the date of passage for the DSS to have a fully implemented non-licensed kinship policy in place.

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

⁵ NC DHHS received approval from CMS for the 1915(i) SPA effective July 1, 2023.

⁶ (b)(3) services are for individuals with intellectual and other developmental disabilities who have Medicaid but have not received Innovations Waiver funding. They are in addition to the services in the Medicaid state plan and focus on helping individuals remain in their homes and communities and avoid hospitalization or living in an institution.

reduce the recidivism rate of individuals with intellectual and other developmental disabilities (I/DD). Between October through December 2022, ADANC received 11 referrals of individuals with I/DD and completed 13 Individualized Reentry Plans (IRPs). As of June 7, 2023, this initiative had received 180 referrals since January 2021 and completed 173 IRPs with a success rate around 90%. This success rate means that 90% of individuals have not reoffended and thus have not returned to prison.

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

Between March 15, 2023, and June 15, 2023, there were a total of 18 new Senior Community Service Employment Program participants; 13 of the participants identified as having a disability which represented 72% of new enrollments. Current enrollment as of June 15, 2023, is 204. The total number of individuals listed as having a disability is 8.8%.

Between January and March 2023, 500 unduplicated participants achieved competitive integrated employment (CIE) after having been provided supported employment or other on-the-job supports.

The Division of Vocational Rehabilitation Services (DVRS), the DHB and the DMHDDSUS continue strengthening their partnerships to support CIE opportunities for North Carolinians with disabilities. The DVRS reported extensive work with internal NCDHHS partners to establish a Supported Employment team unit rate that covers the cost-of-service delivery from all members of the team. Increased use of Work Incentive Planning and Assistance (WIPA) benefits counselors to develop information sessions to be delivered statewide to assist individuals expressing interest in Individual Placement and Support-Supported Employment (IPS-SE).⁷

Customized Employment incentive milestones have been defined with established rates through the Subminimum Wage to Competitive Integrated Employment (SWTCIE) grant. Customized Employment, as defined by a Request for Applications, will be provided to SWTCIE participants, effective October 2023. Training for SWTCIE pilot sites and DVRS field staff on customized employment incentive milestones is scheduled for summer 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. The draft plan was released for public comment in May 2023. The NCDHHS and other state agencies, in partnership with the NCDHHS' housing and services stakeholders, are committed to implementing the goals, objectives, and strategies of this Plan to help maintain,

⁷ Individual Placement and Support-Supported Employment (IPS-SE) is a model of supported employment for people with severe mental illness. IPS-SE helps people find competitive, community employment and provides ongoing individualized services with a focus on employment.

increase, and better utilize affordable, supportive housing for persons served by the NCDHHS across the State of North Carolina. The Plan targets all people served by the NCDHHS with a focus on people with disabilities—including people with disabilities experiencing homelessness, residing in congregate settings, or at risk of entry into these settings. Additionally, pursuant to the Transitions to Community Living (TCL) *Olmstead* Settlement Agreement and in acknowledgement of the recent *Samantha R. et al. v. North Carolina et al.* decision, the NCDHHS' top priorities over the next several years will support people with disabilities.

The Division of Health Benefits (DHB) continues efforts with the LME/MCOs to utilize “In Lieu Of” services⁸ (ILOS) to offer the individualized services and supports necessary to provide their members with community-based alternatives to institutional and congregate care settings. The DHB is in communication with CMS on new ILOS guidance. All LME/MCOs have ILOS definitions for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IDD).

The Division of State Operated Healthcare Facilities (DSOHF) continues to provide opportunities, at minimum once per quarter, for individuals with disabilities in the State Developmental Centers and their family members or legally responsible persons to learn about community funding streams and service definitions. Sessions were conducted March through June 2023. Additional sessions are scheduled for July and August.

The NCDHHS has engaged TAC's Human Services and Housing consultants to provide training to providers serving TCL members as well as LME/MCO Housing Specialists and trainers. Training topics have included Community Engagement, Fair Housing and best practices in maintaining successful tenancy.

Priority Area #6: Address Gaps in Services

Children

Therapeutic Foster Care Professional Parenting and the START programs with the Division of Social Services (DSS) are underway in accordance with the Coordinated Action Plan. Although no new funding has been approved, High Fidelity Wraparound⁹ teams continue to expand across the state. As of June 2023, 78 counties had at least one High Fidelity Wraparound provider.

The NCDHHS continues to enhance access to children's mental health services by expanding mental health services in primary care, schools, and specialty care settings. K-12 Covid funding previously available will end in June 2023, but school consultation will continue through other funding via the Health Resources and Services Administration (HRSA) and the Mental Health Block Grant. Consultations to specialty care and primary care settings also continue to be covered.

⁸ In Lieu of Services are services that have been approved by NCDHHS to be medically appropriate and cost-effective substitutes for covered services or settings under the State Medicaid Plan.

⁹ The High-Fidelity Wraparound process assists families when youth experience mental health or behavioral challenges. It is an evidence-based and nationally standardized process.

The DHB is working with the cross-division Child Behavioral Health Team to develop recommendations for services to children; these include workforce recommendations. The DCFW has provided a series of trainings for clinicians treating children with dual mental health and IDD diagnoses. From July 1, 2022 through March 31, 2023, 484 clinicians¹⁰ attended six sessions focusing on various topics related to treating children with MH/IDD.

Adults

The DHB received CMS approval of the NCDHHS' 1915(i) State Plan Amendment, effective July 1, 2023. The 1915(i) will allow NC Medicaid/DHB to offer Supported Employment, Respite, Community Transitions, Individual and Transitional Support and Community Living and Support services.

Older Adults

The Division of Aging and Adult Services (DAAS) continues efforts to address social isolation by supporting digital equity among adults. The DAAS allocated a portion of its federal revenue to renew its contract with Trualta; Trualta provides an online learning/resource program for seniors and caregivers and those with disabilities. The DAAS also submitted the Center for Digital Equity contract to the Office of Procurement, Contracts and Grants for approval. A Memorandum of Understanding (MOU) was signed with the NCDHHS' Information Technology Division for a digital equity grant. The DAAS is waiting for a proposal from NC Cooperative Extension that may support this effort. A contract was also initiated with the NC Center for Health and Wellness to address social isolation by expanding their social bridging program and the social engagement resources on its website.

Priority #7: Explore Alternatives to Full Guardianship

The Division of Aging and Adult Services (DAAS) continues to work with public and private guardianship agencies on supportive decision-making and other alternatives to guardianship. The DAAS continues to provide ongoing training for county Departments of Social Services and corporate guardianship agencies about the process to seek full or partial restoration of rights.

Rethinking Guardianship meetings were held on April 11, May 9, and June 13, 2023; Adult Services Section staff attended. On April 20, 2023, Senate Bill 308, advancing guardianship alternatives and other reforms to current law, passed unanimously in the North Carolina Senate and moved on to the House of Representatives, where no vote had occurred as of June 7th, 2023. Meanwhile, the initiative hosted a Guardianship Rights Legislative Day in Raleigh on April 25th, 2023.

The State Developmental Centers continue partnering with agencies to develop and implement peer support networks. These networks assist individuals with disabilities to connect with peers in community settings around opportunities for inclusion. The DSOHF drafted a proposal and timeline to implement the peer mentor cohort within the Centers. Trainees were selected and the curriculum adapted to the needs of the identified trainees. Peer mentor training will be implemented in the Fall 2023.

¹⁰ The same clinician may have attended multiple sessions and been counted more than once.

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

Priority Area #8: Address Disparities in Access to Services

The DMHDDSUS continued efforts to increase access to substance use services for individuals in rural communities.¹¹ Seventeen additional awards were made to cover exam fees for Licensed Clinical Addiction Specialist (LCAS), Certified Clinical Supervisor (CCS) and Certified Alcohol and Drug Counselor (CADC) candidates. The Division also continued to expand the Collegiate Recovery Program. A Request for Applications (RFA) was posted; initially, nine responses were received, and one contract executed. More recently, a total of nine contracts from the RFA were fully executed through June 30, 2024. Additionally, the contract with 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 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 University of North Carolina - Greensboro is planning a one-day “Kickoff Summit” event during Fiscal Year 2023 to engage community members and professionals in the growing Youth and Family Peer Support movement in North Carolina, including providing opportunities to learn how to become trained through the Family and Youth Support and Education Program.

Several peer organizations have expressed interest in providing community inclusion supports and services, including Promise Resource Network, Sunrise, and the Kellin Foundation. Currently, Alliance for Disability Advocates of NC (ADANC), Solutions for Independence, and Asheville Buncombe Community Christian Ministry (ABCCM) are providing community inclusion supports and services for a total of 345 people. Since January 1, 2023, there have been 13 referrals made to Individual Placement and Support-Supported Employment (IPS-SE); 86 people have received benefits counseling; and 1,360 community inclusion supports have been delivered. Promise Resource Network is working with Alliance Health to serve Transition to Community Living (TCL) members in Mecklenburg County.

The DSS continues to make presentations and to provide updates on the Olmstead Plan and progress with implementation to the Child Welfare Family Advisory Council.

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

The Department has set benchmarks for each Tailored Plan, with the expectation to ensure each plan has an adequate network of Non-Emergency Medical Transportation/Non-Emergency Ambulatory Transportation providers at launch of the Tailored Plan.

¹¹ <https://www.ncruralcenter.org>

In May, the DHB Money Follows the Person (MFP) program, in partnership with UNC CARES, awarded one of four MFP Building Capacity for Home and Community Based Services (HCBS) through Collective Impact grants to the Land of Sky Regional Council. The project will focus on making homes more livable and sustainable and will also work with transportation planning.

Priority Area #11: Use Data for Quality Improvement

Mathematica continues its efforts to create a technology infrastructure and measures/outcomes to capture progress on Olmstead Plan implementation. User log in to the dashboard is complete. The dashboard will remain in a staging environment until internal testing is conducted. Mathematica expects a July 10 release to the NCDHHS Olmstead Plan test users and a wider, Departmental release in August 2023. The preliminary dashboard data will contain key measures from the workplans.

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

Challenges for Plan Implementation

Addressing the Ongoing Workforce Crisis

Every state in the nation, including North Carolina, continues to struggle with an inadequate workforce. Workforce issues have been especially challenging in the healthcare and human services sectors. Compared to other industries, the pay for people who deliver direct services remains low while the work and job demands are high.

Advocacy efforts in North Carolina have targeted and continue to focus on Direct Support Professionals (DSPs) employed by community-based providers. Most DSPs make between \$11 and \$13 per hour; some of them have employer-sponsored benefits such as vacation, sick leave, and retirement; however, many do not. Most DSPs have not had salary increases for a very long time. Conversely, State Employee DSPs that work in the State Developmental Centers currently make approximately \$18 per hour as a result of receiving cost-of-living increases. They also receive benefits such as insurance, sick leave, vacation, and retirement. DSPs that work in community-based ICF-IDD group homes received increases during the last Legislative biennium, which raised their salaries to \$15 per hour. During the last biennium, the General Assembly also funded salary increases for DSPs working in Home and Community Based Programs, such as services to Innovations Waiver participants. The budget language did include "strong encouragement" for providers to pass at least 80 percent of the increased funds through to workers' wages but did not direct providers as to how to spend this increase and did not require provider reporting. It is unclear how much of this increase was passed on to people working as DSPs. Advocates report that many family members have had to work as DSPs when no staff are available, which limits opportunities for outside employment and is not sustainable for family members that are retired. The NC DSP Workgroup has worked with providers and stakeholders to request that the NC

General Assembly take action in the 2023-2025 biennium to increase community-based DSP salaries to \$18 per hour.

The NCDHHS has been engaged in a broader direct care workforce initiative since 2020, participating in a multi-state advocacy initiative launched by the PHI. As a result of participation, North Carolina adopted several of PHI's direct care workforce recommendations in the State's American Rescue Plan Act HCBS Spending Plan, including enhanced workforce development funding and a workforce survey initiative. In addition, the NCDHHS and the Department of Commerce announced the launch of a new Caregiving Workforce Strategic Leadership Council that will work to create statewide solutions to the caregiving workforce crisis.

The NCDHHS, reporting a 26% staff vacancy rate, is prioritizing building a strong and inclusive workforce that supports early learning, health and wellness across North Carolina. The NCDHHS has made a commitment to building the workforce, including direct care workers and public health leaders, necessary to keep North Carolinians healthy and well. This includes investigating new compensation models, career pathways and inclusive employment strategies that will support the workforce.

Lack of an Approved State Budget

As of June 30, the General Assembly had not approved a state budget. The absence of a final budget has multiple impacts on the Olmstead Planning process. While the department can continue to operate based on last year's funding, the lack of a new budget impacts the ability to plan or move forward with critical new and expanded initiatives.

Medicaid Expansion

Once the final budget is passed, putting Medicaid expansion into law, North Carolina anticipates enhanced revenues of \$1.6 billion over the next two years. Members of the House created a spending plan for some of this revenue that targets the state's mental health needs, including the development of new behavioral health urgent care and crisis facilities, drop-in centers for people with mental health needs and respite facilities. The Senate's approach, on the other hand, is to fund infrastructure projects that will support the health care system, including making investments in training programs in multiple community colleges to address long-term health care personnel shortages across the state. Both approaches would help to carry forward strategies to address Olmstead Plan priorities.

Launch of Tailored Plans

Launch of the Behavioral Health and Intellectual and Developmental Disabilities Tailored Plans is being delayed beyond October 1, 2023. The NCDHHS identified areas that need more work to ensure a smooth transition with minimal disruption. The 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. The NCDHHS will continue to clarify, refine, and strengthen work plans where needed.
2. The 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.
3. The Department must continue to recognize that some level of staff resources will be necessary for ongoing implementation of the Olmstead Plan. It will be important for the NCDHHS to account for this activity in assessing staffing assignment and needs, even with contractor support, given the number of critical work load demands on leadership and staff.

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