

# Olmstead Plan Stakeholder Advisory

## OPSA Quarterly Meeting

November 29, 2022; 10:00 AM– 12:00 PM

Zoom - <https://www.zoomgov.com/j/1605563905?pwd=dzhUNUg2QUV3cUZUU0hYSnVqaGlEUt09>

### Welcome

#### Opening Remarks - Deputy Secretary Dave Richard, NC Medicaid (10:02 – 10:15)

The Deputy Secretary thanked all members of the Olmstead Plan Stakeholder Advisory (OPSA) for their willingness to continue to serve. He congratulated Co-Chair Bryan Dooley who has received an invitation to meet with Governor Cooper to discuss the direct care worker crisis. Mr. Richard called Bryan's actions "a great testimony to steadfast advocacy." Mr. Richard spoke next to developments in the *Samantha R.* lawsuit. The judge, he said, was seeking remedies for a large group of individuals with intellectual and other developmental disabilities (IDD). The court's ruling focused on these needs: to eliminate the waitlist for Innovation waiver slots; to do more on to address the direct care workforce crisis; to divert significant numbers of people from institutions, e.g., Intermediate Care Facilities (ICF), both state and community run, as well as adult care homes. The State, he noted, is leaning towards an appeal of the court's decision. The State's position is based on a commitment not to take away choice for individuals, the Deputy Secretary said.

Lisa Grafstein responded on behalf of Disability Rights North Carolina (DRNC). DRNC, she said, had heard feedback from community regarding concerns that ICFs will close. DRNC wants to make it clear that people don't have to leave an institution if they don't want to. DRNC has asked the state to stay that part of the order but to allow the rest of the provisions in the order to move forward.

#### Opening Remarks - Bryan Dooley, Community Co-Chair (10:16-10:19)

Mr. Dooley's opening remarks focused on his personal experience with the crisis regarding the frontline workforce. His current Direct Support Professional (DSP), he said, was transitioning to a new job, so he has had to look for a new DSP. It has been difficult. He is well connected in the state but if he were not, he would be at risk of entering an institution. He underlined the crisis in the lack of services and the lack of DSPs. The committee's work, he observed, is important to enhancing access both, but the system must do its part.

#### Second Quarter Report - Sherry Lerch, Technical Assistance Collaborative (10:20 – 10:46)

Ms. Lerch reported that while there has been identification of work that has been done, there was a continued need to address challenges and to advocate for *Olmstead* goals. She reviewed the tenets of NC's Olmstead Plan. In its first iteration, it is a two-year plan to build the system capacity to provide people with disabilities the opportunity to live inclusively as members of the community of their choice. The plan has 11 priority areas, including strategies to begin or to continue a transformation of services and supports.

Ms. Lerch noted progress covering the period April 1-June 30, 2022, stating it is covered in the second quarterly report. The first quarterly report covered January 1- March 31, 2022. For each report, TAC assesses whether strategies in the Plan were Completed, are In Process, Require Revision, or are Targeted for Implementation in Year 2. In her most recent report, she notes that eight (8) strategies

were completed; 80 strategies and action steps were in process; 12 strategies had not yet begun; two (2) strategies need further clarification; three (3) strategies were removed; and three (3) new strategies were added.

Ms. Lerch then offered examples of strategies that were completed or in process:

- The NC Medicaid Division of Health Benefits (DHB) developed a Remote Supports service definition to be included in the Traumatic Brain Injury (TBI) waiver renewal. (PA 1)
- In May, Money Follows the Person (MFP) awarded a *Collective Impact* Grant to Duke University and its partners to help address the DSP crisis. (PA2)
- In June, the North Carolina Council on Developmental Disabilities (NCCDD) started an analysis of how the Council can support people with lived experience and/or family members as part of the state's cadre of care extenders. (PA 2)
- Efforts are underway to expand Informed Decision Making beyond Transition to Community Living (TCL). (PA 3)
- Additional funding is in place to expand the NC Psychiatric Access Line. (PA 3)
- NCCDD has funded an initiative to reduce the recidivism rate of individuals with IDD. (PA 3)
- 2,537 students with disabilities received Pre-Employment Transition Services (Pre-ETS), an increase of 320 students or 14%. (PA 4)
- Division of Vocational Rehabilitation Services (DVRS) applied for the US Department of Education's Rehabilitation Services Administration Subminimum Wage to Competitive Integrated Employment (SWTCIE) Disability Innovation Fund grant opportunity, to address the need for competitive integrated employment among individuals with IDD working in non-integrated settings. (PA 4)
- MFP awarded a *Collective Impact* grant to HOPE NC to address the lack of available, affordable, and accessible housing and community services for people with IDD and older adults by creating inclusive communities. (PA 5)
- In May, North Carolina Department of Health and Human Services' (NCDHHS) Child Welfare Family Wellbeing Transformation Team released the [Coordinated Action Plan](#) (CAP) to expand access to needed community-based services, reducing reliance on out-of-home placements. (PA 6 - Children)
- NCDHHS expanded its Peer-Operated Respite Services contract, supporting providers to increase staff, capacity, and outreach activities. (PA 6 – Adults)
- The State Developmental Centers completed development of a training curriculum for an Olmstead Implementation Institute. (PA 6 – Adults)
- TCL staff reviewed 246 Informed Decision Making (IDM) assessments from six (6) Local Management Entities/Managed Care Organizations (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. (PA 7)
- NCCDD's *Making Alternatives to Guardianship a Reality in North Carolina* Statute Writing Team and the Right to Counsel Pilot Group shared their drafts regarding reforms to NC General Statute 35A, Guardianship and Incompetency. (PA 7)
- DVRS continued outreach to individuals in rural parts of the state to increase access to Assistive Technology devices and services, providing 11 Weekly *AT4All* demonstrations

with an average attendance of 38; uploaded five (5) YouTube product demonstration presentations; conducted two (2) Senior Center presentations virtually; and proceeded with development of nine (9) Assistive Technology Center demonstration videos. (PA 8)

- National Alliance for Persons with Mental Illness of NC (NAMI NC) supported dozens of peers through a minimum of seven (7) peer-led groups and trained peers to share their stories through *Ending the Silence*. Eight (8) peers graduated from a NAMI peer-to-peer training. NAMI also engaged peer authors to contribute to blogs and, through *Thursdays with NAMI*, provided eight (8) peer events. (PA 9)
- NCDHHS staff continued to work with Mathematica to enhance Olmstead Plan data quality and integration, performance measurement, and use of program data for evaluation and decision-making. (PA 11)

NCCDD's Talley Wells noted that this was the last year of grant funding for the prison re-entry initiative. The initiative will end in 2023 unless DHHS continues financial support for what he called "a really critical initiative." He observed that re-entry supports were currently time limited, but long-term supports will become available once the 1915(i) Medicaid state plan amendment is in effect.

Ms. Lerch closed her report by spelling out next steps to support Plan Implementation. The third quarter status report is due from NCDHHS agencies on 12/15/22. In 2023, TAC plans to work with LME/MCOs to advance evidence-based practices in the Olmstead arena. TAC and Mathematica are working closely with the Department to identify additional data and targeted measures that can be used to assess progress with implementation of the plan and the impact of its strategies.

#### **Update from Betsy MacMichael, Community Co-Chair (10:47-10:52)**

Ms. MacMichael asked for a moment of silence to honor beloved friend and advocate from the IDD community, Rusty Bradstock, who recently died. Mr. Bradstock's passing, she said, was a true loss. He forged the path for many other self-advocates.

Ms. MacMichael said that staff would send presentation slides to the OPSA membership. If you are not a member and want copies of the slides, she said, please contact [Vickie.Callair@dhhs.nc.gov](mailto:Vickie.Callair@dhhs.nc.gov). The slides will also be posted online on the Olmstead webpage.

**Representative Carla Cunningham - NC General Assembly** – The representative stated that she was present to listen and learn about the work. She thanked all for their work.

#### **Discussion, Suggestions, & Questions - Co-Chairs and OPSA Members (10:52 – 11:08)**

Jenny Hobbs asked if the TAC was looking at workforce solutions for populations served under the Medicaid waivers, CAP DA and/or the CAP C. During COVID, she noted that pay had been higher, at \$15-\$22 per hour, but as the public health emergency winds down, pay, she noted, would likely return to \$8/hour for those caregivers. She also called attention to the nursing shortage and its relationship to keeping individuals in their homes.

Talley Wells added that there was a rate study underway on direct support professional workforce. The NCCDD wants to see those wages raised to \$18/hour.

Deputy Secretary Richard responded that the entire healthcare workforce was in crisis, but that the crisis with respect to direct/community-based service workers had reached critical levels. He agreed that \$18/hour would be a good starting point.

Betsy MacMichael noted that family caregivers face a particular crisis because, if they leave, there is no one else to step in. The person who needs care may suffer serious consequences or end up going into facility-based care.

Dotty Foley described herself as the parent of a 32-year-old man with IDD and as the founder of HOPE NC. She observed that supported living is six years old and there are only 227 participants statewide who are using supportive living level 2 and 3. If we are truly committed to community living, she said, those numbers must increase by much more than the increase of only ten people that the State has seen in the past several years.

### **Measuring Progress - Kent Davis, Mathematica (11:08 – 11:34)**

Kent Davis reviewed the Mathematica's role in the Olmstead Plan's implementation. That role is to:

1. Conduct a measure review and alignment analysis of reported Olmstead Plan measures;
2. Develop processes and tools foundational to monitor progress of the Plan; and
3. Implement and refine a quality assurance and performance (QA/PI) system.

Regarding measure review and alignment, Mr. Davis reported that his team had conducted an initial review and assessment of measures reported in the workplans. After reviewing quarterly workplans, Mathematica began a guided conversation with the Division of Health Benefits (DHB) to build Medicaid waiver-based measures. He discussed IDD-related activities and measures reported, to date, in the quarterly workplans and offered an example from the Plan's Priority 1: Choice of Community Inclusion. In considering measure alignment for this priority, Mathematica would determine whether, e.g., current data sources were aligned with the Medicaid waiver enrollment measures used by the Centers for Medicare and Medicaid Services (CMS). The approach Mathematica is taking will focus on the accomplishments/activity steps that are happening regularly and how these relate to broader goals in the *Olmstead* arena. Mathematica seeks to increase both the volume and quality of the outcome measures so that North Carolina can determine how people are impacted by the Plan.

Mr. Davis showed the group a prototype of the dashboards that Mathematica is developing. The dashboard will capture outcomes, measures, and strategy completion. Initially, the design will focus more on outputs, giving the user information about the fulfillment of the strategy, activities, etc. The user will be able to see how complete the various strategy areas are. In the prototype, you can move from priority to strategy to a measure summary. Additional components will be developed and defined. While there will be a public-facing interface of the Olmstead Plan Progress Monitoring Application, the focus is currently on the internal-facing components of the system. Meeting attendees were polled on the question, "What else do you want to see in the dashboard?" Results were shared in a word splatter and included measures concerning housing resources, services, and community inclusion.

### **Discussion, Suggestions, & Questions - Co-Chairs and OPSA Members (11:35 – 11:40)**

In response to questions, Mathematica noted that their goal was to include more measures in the future; at this time, there is not enough information to inform fully the outcomes. Outcomes are the result of processes, so measuring changes in the processes is a step towards outcomes. The system must be set in motion, Mathematica said, if we are to see changes impacting people's lives.

**Public Comment (11:41 – 11:46)**

Beth Field identified herself as a part of the *Meet the Need* Initiative. How can the work intersect particularly with measuring the number of people on the waitlist, she asked? Mathematica's Mr. Davis responded that the team will examine the Registry of Unmet Need and consider appropriate measures.

Victoria Chibuogu Nneji from AKALAKA.org described a framework she has used in engineering, saying it might assist in establishing the framework we need for tracking data for the Olmstead Plan.

**Closing Remarks – Betsy MacMichael, Community Co-Chair (11:49 – 12:00)**

Ms. MacMichael closed the meeting, remarking that all were looking forward to hearing about Bryan Dooley's meeting with the Governor. She emphasized some of the themes from today's meeting, including choice and both shared/supportive decision making. She reminded the group that supportive decision making requires that people are informed and supported to make decisions and observed that the more people who are living in community settings, the more they will have the opportunity to make their own decisions. Dignity of risk, she observed, goes hand-in-hand with practicing skills in the community.

In closing, the Co-Chair urged that all attend the next meeting, and check the Olmstead website for relevant information.