



RESPONSE TO THE DRAFT OF THE NORTH CAROLINA OLMSTEAD PLAN

*The Arc of North Carolina
November 8, 2021*

Introduction

Overall, the report for the Olmstead Plan has a generic, off-the-shelf feel to it. It is as if it were written for another state, with occasional details or examples from North Carolina included to provide some authenticity. It doesn't address the wide array of individuals living in rural, urban, and metropolitan settings, as well as the dynamics of different areas within the state.

Upon review of the report, The Arc of NC is unable to ascertain the amount of specific qualitative and quantitative analysis. How many times did the consultant visit the state during the COVID-19 pandemic, and how many in-person meetings were held with people with IDD?

The report tends to be less critical of the state's response to its Olmstead obligations, then it is at looking at outside entities. And, the draft is less critical and less prescriptive as to the Department's Olmstead response, than it is toward those outside entities.

Some of the overall issues with this report include the following:

- **There is a clear lack of involvement from people with disabilities.**
- This plan is shallow and it needs to be more substantial.
- There are few measurable targets and few quantifiable objectives to meet the stated goals.
- The plan is very focused on mental illness and the TCL group.
- This plan is only operational for 2 years. What is the expectation at the end of 2 years? It should be a 5–10-year process that needs to be reviewed regularly.
- Pertaining to the comments regarding providers having “lack of experience and resources”, since their inception local management entities (LMEs) were supposed to develop their provider networks and they failed.

The Development of North Carolina's Olmstead Plan

The Supreme Court decision in *Olmstead v. LC*, established that “...*States are required to provide community-based treatment for persons with mental disabilities when*

- *the State's treatment professionals determine that such placement is appropriate,*
- *the affected persons do not oppose such treatment, and*
- *the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities.”*

It is with these three criteria that the basis for North Carolina's Olmstead Plan should be framed, and it is the basis for our assessment of the draft plan.

We place a high value on person-centered approaches, and there are opportunities within the plan to be more person-centered than the state of North Carolina has been in the past to do so, the Plan of necessity must consider the environment that we have to operate in with no changes to the system. It is this system, as administered by the state that should be the sole focus of the State's Olmstead Plan. We have seen in the draft plan, opportunities missed to identify system

strengths and to work cooperatively with service providers, and instead points the finger at those service providers.

System Strengths, Gaps, and Challenges in Supporting Individuals with Disabilities

There are several challenges within the system. It is unfair and inaccurate to make the statement that *there are not enough community-based providers that have developed the skills necessary to serve individuals with complex needs, leaving state-operated facilities and costly out of state PRTFs as the only options for services.*

To the contrary, there are many providers across the state with the skills necessary to serve individuals with complex needs. The state has refused years of advocacy efforts by community-based providers to adequately fund providers with long overdue rates increases (some as long as 10-15 years) in order to invest in an underpaid workforce and the staffing ratios necessary to meet the needs of individuals with complex needs. To further exacerbate these challenges, the state increased their DSP workforce wages to \$15.00 an hour in institutional settings while providers doing the same work in community settings pay several dollars less an hour due to stagnant reimbursement rate increases that results in high turnover rates and jeopardizes quality care. This is a clear example validating North Carolina's continued institutional bias.

The state cannot address the workforce issues without addressing *all* of the challenges, including outdated and punitive regulatory requirements. There continues to be providers across the state that serve individuals with complex needs and are discouraged to serve more people due to the lack of funding and the retaliatory and outdated rules and regulations from the Division of Health Service Regulation (DHSR) and the personnel that interpret those regulations. The same is true for families in foster care who are willing to provide a home for children with significant complex needs but are fearful due to the penalizing system in place that is carried out by DHSR. There must be a more collaborative and engaging relationship between DHSR and service providers across the state and consistent efforts to bring up to date, these very outdated regulatory rules and requirements.

If the state required the money to follow the person out of state operated facilities and into community-based living arrangements, it would cost the state millions of additional dollars to operate these facilities with empty beds and without revenue. This lack of action by the state to aggressively prepare for these initiatives continues to perpetuate the gaps in services and prevents individuals the opportunity to live in community-based living settings. Those individuals who do transition are faced with loneliness and isolation. The state must start collaborating with providers across the state to invest in community-based settings. Those individuals who do transition are faced with loneliness and isolation without the proper supports to facilitate community integration. The state must start collaborating with providers across the state to invest in community living settings with the necessary funding and workforce, and to downsize and eventually close these institutions to fill these gaps in services in the community.

Parents/guardians of individuals residing in state institutions have the comfort knowing their loved one has access to the care and services in state operated facilities. They do not have that same comfort level with their loved one is transitioning into a community setting with an

underpaid and fragile workforce and the lack of access to clinical/medical expertise. When providers can have access to the funding at the level of state facilities, then we will see real change in the ability to offer community living services and supports with a qualified workforce.

There continues to be an institutional bias regarding NC's state and county special assistance In-Home program (SA/IH) for adults with IDD. The State and County Special Assistance program provides a cash supplement to low-income individuals with IDD to help pay for room and board in licensed residential facilities such as adult care homes and group homes. Adults with IDD are not eligible to receive these same SA supplements if they reside in a private home, an apartment, or a non-licensed group home. The average rent is approximately 102% of an individual's SSI income alone, making it impossible for individuals with IDD with low income to live more independently in their community in residences with market, or near-market rates. SA funds can also offset provider operations/staffing costs in smaller, unlicensed homes and can contribute to a more independent and stable living environment with adequate staff support and to help prevent individuals from going into crisis or living in a more restrictive environment.

Additional funding is required to make homes, transportation, and education more fully accessible. Assistive technology is also crucial to meet the needs of people currently living in congregate settings who could live more independently in their communities with assistive technology.

North Carolina's Olmstead Plan Priorities

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

- The Draft lacks concrete targets and clear measurables.
- Innovations Waiver slots increased by 1,000 will not be enough to keep up with the growth in the Registries of Unmet Needs. (The state has approximately 70,000+ people with IDD and TBI who are eligible for Tailored Plans).
- NC DHHS needs to provide guidance, capacity, and resources for more slots.
- Need improved leadership from NC DHHS and state leaders collaborating with stakeholders on IDD issues.

Priority Area 2: Address the Direct Support Professional Crisis

- Direct Support Professionals (DSPs) are the backbone for service providers and to the individuals and families who count on them. Providers continue to see alarming turnover rates, some experiencing up to 40-70%. COVID has significantly impacted workforce growth, further exacerbating an already fragile workforce in NC.
- Of all stakeholders participating in the listening sessions and the online surveys for the TAC Report, stakeholders were asked to identify the most significant challenges that providers face in supporting individuals with disabilities in North Carolina. Multiple challenges for providers were identified; however, 62% of all stakeholders identified staff turnover as a significant challenge.

- Family members of individuals with IDD, SMI, SUDs, and TBI all ranked the lack of adequate and well-trained staff as a priority concern. Stakeholders also identified the lack of adequate, well-trained staff as a significant gap in the delivery of services and supports. Stakeholders attributed the high rates of staff turnover to the low rate of compensation for direct service workers/direct support professionals (*TAC/Olmstead Report, May 3, 2021*).
- All 100 counties in North Carolina have experienced increases in the population over 65 years old. The need for direct care workers to provide HCBS is expected to increase dramatically over the next decade with more than an additional 20,000 needed positions expected by 2028. In addition, 53 percent of the state’s direct care workforce live at or near poverty level (*NC Spending Plan for the Implementation of the ARP Act of 2021*).
- The North Carolina General Assembly has proposed expanding the participant counts in the Innovations waiver by 1,000 with 800 of these slots available by January 1, 2022 pending legislation (*NC Spending Plan for the Implementation of the ARP Act of 2021*).
- The Registry of Unmet Needs exceeds 15,500 individuals with IDD, more than the number of Innovations Waiver participants (*TAC/Olmstead Report, May 3, 2021*).

Here are suggestions for improving the DSP crisis:

- In addition to DHHS’s proposed strategy to credential DSPs, The Arc proposes a statewide, standardized certification and process for DSPs in order to work in their assigned field.
- The Arc proposes DHB focus on the nursing shortage crisis and create strategies to increase this workforce as well.
- Grandfather in current DSPs to prevent further DSP shortages with the requirement that DSPs attain their DSP certification within 18 months.
- Create a rate structure that allows for a cost-of-living increase (COLA) annually for all levels of the service system.
- Establish a DSP Coalition, to include AHEC, MyFutureNC, HOSA, community colleges, area workforce agencies and other community partners like The Arc of NC to help ensure NC continuously makes strides to meet the current staffing needs of our citizens across the state, including DSPs and LPNs/RNs. Building a pipeline of a well-trained, diverse, and qualified workforce for North Carolina is a must if we are to address and meet the obligations of Olmstead and the needs our constituents and their families. Collaboration amongst thought leaders across the state will ensure NC can meet the current needs of our citizens now and in the future.

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

- North Carolina fell short of its TCL requirements, partly due to the COVID-19 pandemic, but also due to the lack of TCL housing.
- The Arc of NC has reached out on numerous occasions, including requesting the highest level of engagement by the administration, to reach out to HUD to allow existing facilities to be transitioned from long-term housing to short-term transitional housing. (Most of the HUD subsidized housing under the current HUD use agreements does not allow transitional housing.) This has been brought up in OPSA meetings, but only as an outside comment, as The Arc was not included as a stakeholder, in spite of having access to one of the largest housing portfolios of its kind in the nation.
- The effort to “divert and transition” people away from current settings, without working with The Arc to also transition the properties for short-term/transitional use, has endangered the HUD vouchers critical to someone with a disability being able to afford housing in the community. This in turn makes inclusive community living a less-viable, and less-affordable option than before the divert and transition effort began.
- With the “divert and transition” approach, where will people be diverted to? The Arc of NC has tried to preserve the housing options we have available that are currently locked into long-term housing use agreements, so that they can be transitioned to transitional housing. This is where the Draft Plan could identify Administration engagement with high-level HUD representatives to assist in making those transitions.
- The work of connecting with Stakeholders omitted any substantive outreach to the most critical stakeholder – people with IDD. While it is true that the pandemic has limited the ability to meet with individuals and groups, particularly those with complex health needs, the Draft failed to recognize this deficit, much less address how and when that might be corrected.
- Without a provision that allows for the individual to indicate in an appropriate fashion, where they desire to reside, it is impossible to correctly assume that everyone wants to move into independent living. Choices are needed, this is not one size fits all.
- The Draft states that “many people want to live at home”. Where is the evidence or data to corroborate this statement? How do you know “many” people want to live at home? Is it possible that some may wish to stay where they are, and how do we accurately and appropriately make that determination?

- This section has a very strong mental health and Transition to Community Living bias. But the approach to addressing the needs of people with IDD is habilitative vs. curative. Attention is needed in this plan to address the habilitative needs of people with IDD. For the IDD community, rehabilitation is not appropriate, habilitation is what is needed. A curative medical model is not appropriate for ppl w IDD.
- There is no mention in the draft of tenancy support. This would be critical to helping people transition to a more inclusive environment.
- When you discuss moving 100 people from prison to housing – how is the Department of Justice tied into this process? Moreover, corporate guardians often have a key role to play, yet they were excluded as a stakeholder group. There is a general lack of understanding of the role of guardians (both private and corporate), and how they can be a major resource for meeting the needs of individuals with disabilities.

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

- Again, this section of the report is very focused on mental illness.
- Not sure to whom they spoke in the IDD community.
- From our perspective, treating the symptoms and not the causes. The report is geared to middle school and high school students for employment pipeline. Where is the plan for adults? Need to focus on adults with IDD to work.
- The report does not detail the issues with transportation is an issue for areas outside of major cities. People are uprooting their lives from their support system to move to a place where they can receive services and have accessible transportation.
- Mental health disorders are mentioned and highlighted in this section – where is the focus on people with IDD. Employment First has done nothing for people with IDD. The section is very focused on mental health.
- The Arc suggests more Project Search programs are needed!
- The report notes good measurables in this section, including a timeline with specific numbers, with funding attached.

Priority Area 5: Increase Access to Safe, Decent, and Affordable Housing.

- The report does not mention of choice and what individuals want. How do we know that this would work for people with IDD? We need to increase individual's life goals rather than what the state needs to do to accomplish. Person centered needs to be highlighted. Let's put together some protocols that can be used.
- No mention of how to make housing safe and accessible. We can develop affordable housing, but if we don't have a priority for accessible housing, we are missing out on a segment of our population.
- The report does not discuss in-reach and promoting options to people living outside of developmental centers. In-reach within developmental centers should be done by professionals outside of developmental center staff.
- Regarding this statement: The "state" will promote the supported living guidebook – what does that mean?
- Assistive technology should be promoted more when creating housing structures and supports.
- NCHFA turned down millions of dollars that could have funded increased affordable housing opportunities for people with disabilities. The report should mention this, why it happened, and lessons learned to make sure this doesn't happen again.

Priority Area 6: Address Gaps in Services

The plan missed an opportunity to highlight how the services gaps will be addressed, so here are some suggestions for children and adults.

Strategies for children:

- Invest in Case Management/Care Management/Care Coordinator positions that are embedded in our school systems across the state. This will provide the safety net children and families desperately need and the glue that is missing. These coordinators can collaborate with MCOs, DSS, help navigate the foster care systems, transitions, connect with medical professionals, behavioral health agencies and leave no child left behind.
- Invest in Triple P (Positive Parenting Program) funding. Trained therapists in Triple P can provide parents with the skills necessary to help prevent as well as improve behavioral and emotional challenges in children and teenagers. These proactive measures will further the state's work to reduce out of home placements for children and crisis situations where children end up in emergency rooms.
- Increase access to funding for Early Childhood Intervention Services (ECIS) for children, birth to five years of age to ensure all children have the opportunity for a successful start by the time they enter Kindergarten. These services save state and federal dollars and is

another proactive measure to reduce out of home placements and emergency room visits for children now and in the future.

- Invest in additional funding to extend to Respite programs and agencies such as NC Start to have the bed capacity needed and to reduce emergency department visits for children.

Strategies for Adults and Older Adults:

- Utilizing the American Rescue Plan Act (ARP) and extend this additional funding for Respite programs and agencies such as NC Start to have the bed capacity needed, providing housing stabilization and to reduce crises and emergency department visits for adults.
- In addition to proposed strategies for people with autism and TBI and the various treatment and services, people with IDD must be included in these efforts and funding to ensure people with disabilities have access to employment opportunities must be a priority.
- Other core and community inclusion supports must include individuals with TBI and IDD for TCL. There continues to be increasing TCL supports for people with MH and has not been the same for people with IDD. TCL must also be included in these community inclusion services. A large number of people with IDD live in nursing homes, adult care homes and other segregated settings.
- Adults as well as older adults with disabilities are faced with segregation and social isolation. The proposed strategy with DAAS and Centers for Independent Living to address these issues only includes older adults and should include adults as well.
- The proposed strategy for making senior centers more welcoming should include access to accessible transportation, having assistive technology available for seniors to participate in activities and stay engaged. Senior centers must ensure facilities are accessible and are upfitted as needed to meet ADA compliance.

Priority Area 7: Explore Alternatives to Overly Restrictive Guardianship

- The report makes the argument, correctly, that a guardian can impede moving someone from a restrictive, congregate setting to a community-based setting. What the report fails to share is that frequently, when corporate guardians oppose a move from facility-based care, it is generally for lack of services and supports available in the community.
- Further, without those critical supports being in place when the individual moves into the community, the potential for failure is significantly high, which would result in that individual moving into a more restrictive setting, again, in violation of Olmstead.
- Finally, the first element of the Supreme Court decision is that the individual's treatment professionals (of whom the guardian would be considered one of), charges them with ensuring the proper care and treatment of the individual. If there are no appropriate wrap-

around services available it is that person's responsibility per the Olmstead decision to disallow community placement – as has been the case in North Carolina.

- Courts lack awareness of the tools available to assist individuals with disabilities to make informed decisions about their lives, and may therefore often order full guardianship, restricting the individual's right beyond what is needed.
 - Who is going to provide this education?
 - How soon can this education begin?
 - Who needs this education?
- Supported Decision-Making (SDM)
 - How will SDM be implemented and introduced to the Clerks?
 - DHHS already contracts for and receives training on Informed Decision Making and has done so for many years. The essence of the problem isn't training either for the LME/MCOs or the local DSS, it is the inconsistency of the manner in which guardianship is adjudicated. This has been repeated often by corporate guardians.
- In the report, guardianship is noted as a “barrier” in several places:
 - **Employment**
We are not aware of any guardians denying individuals the opportunity to work. Income has to be monitored to ensure their benefits are not affected that could cause a disruption of services.
 - **Live Independently**
As guardian, we must ensure supports are in place. Guardianship cannot be the only support in place. Guardianship is not a service - it is a legal status, and often erroneously expected to act like a service.
 - **Have Friends Other Than Staff or Family**
Guardians cannot force friendships. As guardian, we can arrange supports and encourage connections.
 - **Go on Dates and Socialize in the Community**
Guardianship staff consent to outings/activities but do not provide transportation or support for individual to get to these activities.
 - **Practice the Religion of Their Choice**
Guardianship staff consent to activities but again do not provide transportation or support for individual.

- Increase in guardianship specifically younger adults with disabilities:
 - Educate clerks, families, other supports on SDM.
- Money Follows the Person (MFP)
 - Inconsistency across the state.
 - Educate staff at facilities regarding MFP.
 - Work closely with facilities to identify individuals that would qualify for MFP.
- Transition to Community Living (TCL)
 - Corporate guardians should have been educated on the Informed Decision-Making (IDM) tool – targeted to 100 DSSs but DAAS was not familiar with tool.
- There needs to be a lot more work on statutes surrounding guardianship and an overhaul of the guardianship system.
- Training specific to guardianship and effective alternatives provided to teachers, school groups, families and family support providers, medical staff, and other providers.

The Arc of NC would like to discuss a proposal of a three-year plan on how our agency can collaboratively create benchmarks with the State to systematically move the needle regarding guardianship. The proposal can consist of:

- Establish a new and independent guardianship review committee with collaboration between DAAS, DSS, and guardianship providers to prevent unnecessary guardianship hearings to take place and if they do, to ensure they are only as a last resort.
- Create an informed decision-making tool and develop baselines from collected data and set benchmarks. Present the information to the newly established guardianship review committee to determine what percentage of guardianships could participate in supported decision making, move from full guardianship to limited guardianship or from limited guardianship to full restoration in a three-year plan.
- Utilizing the data, determine the percentage of individuals we provide guardianship to that currently live-in congregate settings and who want to live in a shared living or other independent living environment. Using waiver slots, collaborate with community partners to transition a percentage of individuals out of congregate settings and into independent living environments.
- Develop annual assessments to determine progress, areas of improvements and timelines. Guardianship specialists will continue, as they do now, to assess individuals we provide guardianship services to at least every 12 months. The assessments will gauge the need for guardianship and to determine when supported decision-making agreements, limited guardianship or full restoration is more appropriate.

- By the third year, The Arc of NC would meet the percentage of the above forementioned that would fulfill the Olmstead's obligations.
- The State, in turn, would work with The Arc of NC during this three-year plan and build in incentives at certain benchmarks and based upon demonstrated compliance.

Priority Area 8: Address Disparities in Access to Services

- The report did not discuss the historical and on-going racial and ethnic disparities in how waiver slots have been distributed. Race and ethnicity are not being tracked equally by LMEs when waiver slots are distributed. Many individuals and families in need across the state have no knowledge of our HCBS waivers, and neither the state nor the LMEs conduct education efforts around these services.
- North Carolina needs to educate doctors, nurses, and other medical staff, as well as teachers and education staff about the availability and benefit of our waivers. These same criticisms and suggestions apply to other services as well. Too many families of young adults with IDD transitioning out of high school are surprised that there are no services available for their sons and daughters in their communities. Life does not end after school, and we need to educate students and families about adult services and fund those services and providers.
- For early childhood services and interventions, the state must provide more education on EPSDT services to medical providers, educators, and community service providers.
- The entire draft report is heavily focused on people with mental illness, and specifically the TCL group, validating and perpetuating just how focused DHSS has been on this group for the last several years and at the expense of people with IDD. People with IDD comprise a historically underserved population, as defined by DHHS.
- There are major omissions in the report by not addressing the different needs of people who are African American, Latinx/Hispanic, Asian American, Native American and LGBTQ. All too often the people receiving the limited services in NC are overwhelmingly white, middle class, and have family members who are well-educated and able to advocate for their needs. Equality cannot be accomplished until diversity is addressed.
- The Arc increasingly sees geographic disparities as well, and COVID complications have exacerbated who has access to services and who does not in many instances. The report does not detail how the state plans to address broadband issues in rural areas which are an enormous barrier and contribute to the disparities in service between urban and rural populations.
- Furthering geographic disparities, one of the hallmarks of the LME system at launch was the ability of the LMEs – and their charge – to develop the network of providers more fully across their regions, determined by the needs of their members. LMEs have

insufficient networks and have failed to create, support, educate, train, and sustain needed providers of a wide variety of services and supports. This is especially apparent in rural areas.

- The targeted measure to provide two webinars in each of the next two calendar years designed to increase the number of highly qualified contracted providers from historically marginalized populations is grossly inadequate to affect these disparities. Training should be intense, on-going, and accompanied with experienced coaching, and such training should be provided, if not mandated, for all providers.

Priority Area 9: Increase Input from Individuals with Lived Experience

- These high-level meetings and discussions hosted by state leaders must be broken down for people with IDD. The meetings tend to be too technical or inaccessible for this community.
- According to this report, individuals with lived experience are the ‘least represented despite efforts’ to engage them. We do not feel that great effort was taken to include this voice at all.
- Unsure how feedback for the report was solicited (it did not reference this at all) but other than the virtual meetings that our staff attended; they were publicized through the usual channels. There were no specific efforts for people with lived experience to attend meetings or give feedback.
- Our staff attended multiple virtual town halls and felt they were weak from start to finish. We do not feel that IDD was well represented here at all versus mental illness.
- Little (or no) voice to the IDD self-advocate (SA) role on OPSA. Meetings were inaccessible to those who didn’t have a grasp of the technology and it was up to our staff to help our self-advocates access the information. No efforts to actively engage SAs in this role whatsoever.
- There is little effort in NC to promote peer support among IDD self-advocates, or family support among families with IDD members. Need to increase efforts to explore evidence-based practices and develop those supports.
- The report does not show how peer support will be provided in the IDD realm. This does not seem supported by evidence-based research.
- With regard to self-direction and its importance, stated clearly in this document, the usual/regular information required to be given annually through the Community Navigation service is a brief and weak overview, and the enormity of the topic is rarely discussed seriously unless an individual or family has already determined they are interested in the models of self-direction. There has to be a better way to engage and

educate families, advocates, providers, educators, medical staff, etc. in the topic of self-direction.

- The report states 31% of the group has lived experience...but how many have IDD lived experience? This was unclear.

Priority Area 10: Reduce Transportation Burdens for Individuals with Disabilities

- Transportation is important and this section of the report is too short and does not cover what is needed. It revolves around medical transportation. This is not the complete issue – transportation is a much bigger issue.
- As an *Employment First* state, why is employment not even mentioned in the report? Transportation is critical for employment!
- No baseline data is available in this section.
- The report focuses too much on telehealth – need to include greater transportation needs.
- There needs to be more elaboration in the report on rideshare options.

Priority Area 11: Use Data for Quality Improvement

- Quality measures should be standard across tailored plans and LME/MCO's.
- Quality measures need to be related to something that improves the lives of people with IDD.
- Often the data that we are given from the MCO is claims data, e.g., how often we submit on time, how many authorizations were approved, how many claims were approved initially and did not have to be sent back, etc. This is not useful data for us or the people supported by The Arc.
- Quality measures for people with IDD should be based on personal outcomes; they need to make sense.
- Standardized data collection and systems would be huge in helping to gather and analyze the data and ensure that it makes sense across the state. Everybody doing different things and applying different requirements is not helpful.

Plan Implementation/Oversight

There is no recognition that someone may choose a less-integrated setting. This is in direct contradiction with the second provision of the Olmstead decision that provides that allows that the person may not want to live in the community. We must not assume that someone wants to live in the community just as we shouldn't assume that they want to live in a congregant setting.

We should put the emphasis on understanding what the individual wants, truly informed decision making, without being led, prompted, or suggested into going one direction or another.

If the state recognizes that “ongoing external stakeholder participation is key to achieving these goals and transparency.”, then it would be appropriate to have included external stakeholders from the start. From the appearance of this plan, external stakeholders, particularly IDD self-advocates, were not included in a substantive way.

Minnesota’s Olmstead Plan highlights the importance of choice. Their report states: *Housing and Services is not about closing potentially segregated settings. According to the Department of Justice: “Individuals must be provided the opportunity to make an informed decision. Public entities must take affirmative steps to remedy this history of segregation and prejudice in order to ensure that individuals have an opportunity to make an informed choice. Such steps include providing information about the benefits of integrated settings; facilitating visits or other experiences in such settings; and offering opportunities to meet with other people with disabilities who are living, working, and receiving services in integrated settings, with their families, and with community providers. Public entities also must make reasonable efforts to identify and address any concerns or objections raised by the individual or another relevant decision-maker. Vision statement: People with disabilities will choose where they live, with whom, and in what type of housing. They can choose to have a lease or own their own home and live in the most integrated setting appropriate to their needs. Supports and services will allow sufficient flexibility to support individuals’ choices on where they live and how they engage in their communities.”*

(page 45, https://mn.gov/olmstead/assets/04-26-2021%20Olmstead%20Plan%20April%202021%20Revision_tcm1143-481433.pdf)

Conclusion/Recommendations

As stated at the beginning of this response, the plan has several flaws that need to be addressed. We feel that additional input is needed from people with IDD and community organizations who serve people with IDD and their families. The Arc of North Carolina continues to make offers to partner state leaders regarding our expertise in the field of IDD. Our staff is happy to work with state leadership in addressing the needs of this community.

One of our main concerns is the DSP crisis. With the alarming workforce shortages of DSPs now and the potential exponential growth of this workforce needed to meet the State’s initiatives in the ARP Plan and in compliance with Olmstead as mentioned above, the State must take aggressive measures now to prepare for the future of our citizens and the workforce that serves them.

We agree with the proposed strategy, pending CMS approval, to allocate enhanced FMAP funds to increase DSP wages. Provider rates from the MCOs must also increase on an annual basis to cover cost of living wage increases for DSPs. In doing so, providers can be more competitive with starting pay for their employees that is more in line with the state employee DSPs working in state facilities as well as competitors such as retail stores and food chains. Hourly wage increases will help to stabilize a workforce currently in crisis. For many DSPs, earning a living wage will help lift DSPs out of poverty.

In addition to the many efforts to increase DSP wages, there is more that must be done. Workforce development and workforce capacity must be a priority and co-exist with raising hourly rates while investing in a well-trained and qualified workforce. To address the unmet needs list, increase deinstitutionalization efforts and move people off wait lists, and to serve people with complex needs, workforce development must be imbedded into the proposed Olmstead strategy. A certification of this workforce, much like a Certified Nursing Assistant receives a certificate for successfully accomplishing the program and meeting the education and training requirements is absolutely necessary to ensure quality care and quality of life for all North Carolina citizens.