November 8, 2021

Technical Assistance Collaborative
c/o Jenn Ingle
3 Bigelow Drive
Berlin, MA 01503

Dear Technical Assistance Collaborative/NC Olmstead Plan,

The North Carolina Coalition on Aging (the Coalition would like to express our appreciation to the NC Department of Health and Human Services (NC DHHS) for their efforts to improve the lives of people of all ages living with disabilities to live meaningful lives within inclusive communities. We applaud the endeavor to create a diverse stakeholder group to assist in the development of the draft Olmstead plan. The Coalition was grateful to have hosted NC Olmstead Plan Listening Session on October 23, 2020, to provide a forum for input on the strengths, opportunities, gaps, and challenges that exist in our state. We see evidence in the plan of the many comments provided during the session. The Coalition supports the eleven priority areas identified as important to ensuring North Carolina fully provides all people with disabilities adequate services in the most integrated setting as possible. The Coalition also appreciates the draft plan builds upon many of the good things already going on in the across the state and attempts to bring them to scale.

The Coalition understands the Plan is designed to be a two-year working plan to fulfill the requirement established by Supreme Court ruling in Olmstead v. L.C., 527 U.S. 581 to develop a “comprehensive, effectively working plan” for transitioning people to the community. North Carolina has been working on Olmstead implementation for nearly two decades and has yet to see true reform. While the need to move forward is imperative, a two-year timeline for implementation is inadequate to make the necessary changes to transform our service delivery system. **We encourage NC DHHS to consider developing a five-year plan.** This longer timeline should include fast-action steps as well as identify the longer-range items needed to get North Carolina on the right track.

While the Plan lays out many activities, it shows little vision or efforts striving for systems reform. There are several overarching weaknesses in the current draft of the Plan which should be improved upon prior to implementation.

- Most priority area strategies lack baseline data and metrics to measure progress. Data-driven measures are critical for accountability and transparency. Measures should include spending and utilization data by setting or proposing services to effectively track progress in meeting goals.
- Proposed strategies need more details including responsible parties and steps for implementation.
• The valuable role of caregivers and informal social supports for community living are overlooked in the Plan. The critical contributions of caregivers need to be acknowledged, supported, and invested in to ensure individuals can be successfully supported in the community. Items such as caregiver education, training, and respite services and other supportive services need to be incorporated.

In addition to the above overarching concerns the Coalition submits the following for consideration by priority area.

Priority 1 - Increased Access to Home and Community Based Services and Supports
• **Create equitable increases across all waiver programs** since the Olmstead Plan considers all people with disabilities, growth rates between programs should be similar. The proposed growth in the number of CAP/DA slots falls far behind those proposed for CAP/C and the Innovations waiver. This is particularly disheartening given all waiver services have extensive waiting lists.

• **Include expansion efforts with PACE** as an important component of community services for those age 55 and older who functionally qualify for skilled nursing care but wish to receive services in their community.

• **Increase home-community based services to those who are near the nursing home Medicaid eligibility threshold to delay institutionalization.** Explore the feasibility implementing a state-funded program similar to Minnesota’s **Alternative Care Program** to provide services to those who require the nursing home level of care and would like to reside in the community, but their income and assets would be inadequate to fund a nursing facility stay for more than 135 days.

Priority 2 - Address the Direct Support Professional Crisis
Without an increase of direct support professionals, the increase of home and community-based services is a moot point. NC needs to stabilize the crisis and effectively recruit and retain staff to provide quality care. The Coalition strongly supports ensuring wage parity among direct support professionals across settings to breakdown funding silos by sector. The challenges for the workforce are multifaceted and can’t be settled by wages alone. For this reason, we suggest the following:

• **Create a workgroup or taskforce to provide input and guidance on improving direct care programs funded by NC Medicaid** similar to what was done in New Mexico through mandate.

• **Invest in home care workforce training and credentialing.** Building on the successful groundwork laid by the **Personal and Home Care Aide State Training (PHCAST) demonstration project**, which aimed to create an integrated career lattice for home care workers (and other direct care workers) funding should be
earmarked for reforming the home care workforce training and credentialing landscape. NC DHHS should convene a highly intensive, design-focused workgroup comprising agency staff, training providers, workforce and consumer advocates, long-term care providers, and others to identify key opportunities and strategies for updating, streamlining, and integrating training and credentialing standards.

• Commission a feasibility study to assess the strengths, risks, logistics to fully implement a matching service registry to better accommodate the growing number of consumer-directed services. A matching service registry is an online job board where consumers and workers find each other based on needs, preferences, and availability—and can serve as a useful platform for centralizing training and certification records of direct care workers (with privacy safeguards in place). As well as facilitating employment relationships, matching service registries can be leveraged to fulfill other workforce-related priorities, such as: outreach and recruitment (to educate consumers about self-direction and bring new workers into the field); data collection (to gather key workforce numbers and characteristics); screening and orientation (to reduce the burden of these tasks on individual consumers); and training (by linking independent providers and consumers to relevant training modules). Nationally there are 14 matching service registries in 10 states (as of 2019).

• Leverage opportunities to include workforce stakeholder engagement as a condition of participation in public programs. This could be accomplished by requiring long-term service and supports providers including LME-MCOs to establish advisory boards that include direct care workers and assess, or report plans for improvement in direct support professionals pay for the providers in their networks.

Priority 6 - Address Gaps in Service
• Within this priority the only identified “gap” in service for older adults was social isolation with no concrete plan to implement effective programming or increase mental health treatment. Our state faces many more barriers to community living for older adults. A comprehensive study is needed to address the challenges and opportunities of North Carolina’s increasing older adult population. The state needs a road map of how to address the implications of an aging baby boomer population. The study should support personal responsibility, recognize the important role of family caregivers, address health disparities among racial and ethnic minorities, and the LGBTQ community.

Priority Area 11 - Use Data for Quality Improvement
• Regularly conduct National Core Indicators for Aging and Disability (NCI-AD) to provide standard measures to assess the outcomes of services provided to individuals and families. NCI-AD indicators address key areas of concern including service planning, rights, community inclusion, choice, health and care coordination, safety, and relationships. NC DHHS really conducts National Core Indicators data to provide annual quality improvement data for those with IDD.
receiving publicly funded services. In 2015, North Carolina participated in the national pilot for NCI-AD across five program populations ((1) Home and Community Care Block Grant Services; (2) Program of All-Inclusive Care for the Elderly; (3) Community Alternative Programs for Disabled Adults; (4) Money Follows the Person; (5) Skilled Nursing Facilities). This was a one-time occurrence and has never been replicated. The full report is available at https://nci-ad.org/upload/state-reports/NCI-AD_2015-2016_NC_state_report_1.pdf.

Thank you for the opportunity to provide comments on NC DHHS’s draft Olmstead Plan. Please don’t hesitate to contact me with questions or clarifications at (984)-275-5682 or heather@nccoalitiononaging.org. The Coalition and our membership stand ready to serve as a resource to your team and NCDHHS as we move forward to better support integrated community living for people with disabilities.

Sincerely,

Heather Burkhardt
Executive Director