MEET THE NEED NC

Changing the I/DD landscape across the state

Responses to Questions from the July 2023 Meet The Need NC Lunch & Learn Webinar

Topic: ADA to Olmstead to Innovations Waiver: Where are we now?

I missed last month's webinar. Is there a recording we can access?

Webinar recordings are included in our monthly newsletters found on our website (https://meettheneednc.org/meet-the-need-nc-e-news/) and on the Meet The Need NC YouTube channel (https://www.youtube.com/@meettheneednc).

I have a new neighbor who just moved here from FL and has a disabled adult. How can I get her on your mailing list so she can participate in these wonderful Lunch and Learns?

Go to https://mailchi.mp/080c69a5a3e7/welcome-to-nc-land to sign up for our email list. By joining our mailing list, you will be mailed invitations to our monthly webinars, newsletters, and other updates.

Will this informative PowerPoint be emailed to participants of this webinar?

The presentation slides from all presenters are always included in our newsletter at https://meettheneednc.org/meet-the-need-nc-e-news/ that follows the webinar before the end of the month. We also include the recording of the webinar, answers to questions we did not have time to get to, and other resources to extend the learning from the webinar topic. This is the same for all webinars.

How do I get on your newsletter mailing list?

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Is there TBI representation?

The NC Olmstead Plan covers eligible individuals with Traumatic Brain Injury (TBI). There is also representation from the TBI community on the Olmstead Plan Stakeholder Advisory.

Is there a listing of facilities across the state like the facility in Swansboro?

Yes, quite a long list but often there is also a process and requirements for accessing units in these types of properties entitled Low Income Housing Tax Credit (LIHTC) Properties. My suggestion is that the State's staff working on the State's Supported Housing Plan prepare a presentation for LAND and other groups. This should include identifying where properties are located, a description of the referral process, including details on eligibility requirements. Many properties do not have vacancies in set aside units for individuals with disabilities, some may have waiting lists and may or may not have accessible units available. New properties come online each year. The development is in Swannanoa.

Marti, based on what you have seen in other states can you identify what critical elements need to be in place here in NC to move forward with supported, community living?

States that have seen success ensuring individuals with IDD get access to supported housing have the following critical elements: IDD advocates, families and statewide organizations are linked to the affordable housing advocacy system, have strong ties to the housing finance agency(ies) at the state and local level, have statewide rental assistance, take advantage of federal assistance including mainstream vouchers, have a rental assistance management system and strong tenancy support requirements.

The states are building a strong base of support through partnering with other groups seeking affordable housing—for elders, persons with behavioral health challenges, individuals and families who are homeless, organizations seeking support for individuals aging out of foster care and others. at the federal, state, and local level. This also includes private and public funders, philanthropy, and advocates, including self-advocates and families.

Since safe, affordable housing is in great demand across the country and becoming more expensive, the more successful states have local and state affordable housing coalitions who are already seeking support for housing trust funds, state rental assistance, targeted and use of federal assistance from a number of different sources. They fight to get bond referendums through local elections, dedicated state trust funds, state rental assistance and set asides in Low Income Housing Tax Credit (LIHTC) projects. One example is the Supportive Housing Association in New Jersey (www.shanj.org). New jersey's

approach is cross-disability mobilizing a greater base of support than one group going it alone. They have also become the source of information and opportunities. Louisiana, Minnesota and Pennsylvania have also mobilized support across disability groups. National groups have also played a role in assisting state and local groups. One of the strongest advocates for supported housing is the Consortium for Constituents with Disabilities (CCD) which is the largest coalition of national organizations working together to advocate for federal public policy on a number of issues but is a strong advocate for funding for supportive housing. The National Low Income Housing Coalition has also been key to these efforts.

But creating and maintaining safe, affordable supportive housing requires advocates to become knowledgeable about funding—both bricks and mortar and rental assistance, to advocate for set asides (targeted units) in large and affordable housing projects, to ensure federal and set funds are directed to these projects. For example, Virginia has funded 1,229 set aside units through federal vouchers and "preferences" with Section 8 in federal funded units for individuals with IDD in the past few years Pennsylvania, New Jersey, Louisiana and Minnesota have done the same across disability groups. Check out Minnesota's Disability Hub online at https://disabilityhubmn.org/your-options/housing/. Each of these states have created a pathway into housing through either local or state rental assistance processes that cover, housing search, a housing approval process, waiting list management, inspections, oversight of tenancy rights, access to accessible units and accessible features, move in assistance and agreements with property managers and owners.

But above all, each of these states have created and expanded services to ensure individuals get the level of "tenancy support" they need to get and keep housing.

The DSP workforce issue, i.e., poor pay, poor training especially for those with complex disabilities, poor recruitment strategies, data collection regarding turnover/retention and career advancement is completely thwarting these rights even for those with an Innovations slot. Can you discuss some specific and actionable steps to address this chronic issue? Would advocating for a career path with certificates/degrees in direct support help? Also supplementing with technology could help. Is investing in technology worth exploring?

The MCOs are empowered – and responsible – to ensure an adequate provider network. They have the ability to set rates as needed. This means that the MCOs can pay whatever it takes to attract and retain DSPs. It is a misconception that the state sets the rate; it does not. Since the MCOs operate a closed network, they are responsible for assessing ongoing needs and developing the provider network to meet those needs – which can include DSP training and more.

The purpose of managed care is that the state pays one sum (the capitated rate) to the MCOs in exchange for the promise that the MCO will ensure that services are available to qualified beneficiaries (which of course includes Waiver participants). Within managed care, the MCO bears the risk of loss if it cannot meet its obligations within the capitated rate. All of this is to say that the tools for addressing the pay issue are already on hand. DHHS simply has to be willing to enforce that obligation.

From Promising Recruitment and Retention Strategies by Valerie Bradley, Sept. 2021. ACL Mission Analytics
https://ncapps.acl.gov/docs/Resources/DSP%20Promising%20Recruitment%20and%20Retention%20Strategies.pdf

1. Pay and benefits – Staff wages are a key factor associated with differences in Direct Support Professional (DSP) retention rates. Research indicates that as average hourly pay increases, the turnover rate decreases. In addition to increasing the pay and benefits of DSPs, the presence of certain benefits (specifically, payments for higher education tuition, paid job training, and credentialing) have also been shown to increase the tenure of DSPs.
2. Training and credentialling – Notably, the 2017 Report of the President's Committee on People with Intellectual Disabilities highlighted the lack of a career ladder and insufficient training and professional development for DSPs. Competency-based training is important to ensure the workforce has the skills to provide quality supports. Researchers report that provider investment in competency-based training results in a decrease in annual turnover.
3. Realistic job previews - To ensure that potential staff (or reassigned staff) understand the nature of the job and the participants they will meet, it is important to provide a realistic job preview during hiring.
4. Match between individual skills and the person's need for support – According to providers interviewed for this study, involving participants in screening and hiring staff makes it possible to match staff with participants based on interests, skills, culture, and personality. Including the participant in the hiring decision minimizes conflicts that may result in termination down the line.
5. Competent and supportive supervision – Studies over the years have shown that the presence of a supportive supervisor is important to staff retention.
6. Organizational culture – Interviews for this study reinforced the importance of a positive and inclusive organizational culture to maintaining a stable workforce. One aspect of a supportive organizational culture is the opportunity for DSPs to participate in governance of the organization, to provide feedback for quality enhancement, and to be empowered to innovate and be creative in the ways in which they provide support.
7. Respect, recognition and career ladders – Another important factor in recruitment and retention is the extent to which the provider respects the DSP staff and recognizes their value and accomplishments. DSP respondents in one survey emphasized the importance of recognition: …DSPs who were

satisfied with how their organizations showed support were happier with their organizations overall, and thus “much more likely” to stay with that organization. One way of recognizing DSP performance is by creating career ladders within the organization so that the workforce can see that their contributions are recognized.

8. Ratio of supervisors to DSPs – A New York study found that the ratio of supervisors to DSPs also influenced the length of tenure. Specifically, the ratios of 10 DSPs to one supervisor or less was associated with longer tenure.
9. Employee Resource Networks (ERN) – Employee Resource Networks are private-public consortia whose purpose is improved workforce retention through employee support and training. The ERN approach recognizes the importance of providing support not only to program participants but also to workers.
10. Self-Direction – During the pandemic, anecdotal evidence suggests that people who were self-directing were better able to adjust and accommodate to the changing circumstances. People who are self-directing may be able to attract staff from their 10 social networks who would otherwise not be in the labor pool for DSPs.
11. Paying families and friends – During the pandemic, many states requested emergency waiver changes through the Appendix K mechanism. Some of those changes included the ability to pay family members to provide supports. While it may not always be advisable to pay family members, given the dramatic crisis in the availability of support staff, family members can fill an important role assuming the individual family situation is assessed ahead of time.
12. Online systems to match participants and staff – One of the providers interviewed for the Bradley paper has created an online system to match staff with participants who are either self-directing or in provider-managed services. Providers in Massachusetts have also developed an online system for people who are self-directing; the system makes the process of hiring staff more efficient since it narrows the pool of potential staff to those individuals whose interests coincide with the participant’s.

Where can I go to get rental assistance for an adult who is struggling to work and pay rent without any federal benefits or state income?

If someone with a disability is working, they may be eligible for Medicaid despite their income. There is a program called Health Coverage for Workers with Disabilities (also called the Medicaid Buy-In). The purpose of it is to allow people with disabilities the flexibility to work without fear of losing Medicaid. The requirements of the program and information about applying are here: https://medicaid.ncdhhs.gov/beneficiaries/apply/eligibility/medicaid-workers-disabilities

You will see income parameters on the page linked above. These are not limits on earned income; they are categories that dictate whether an individual will have to pay a fee to access Medicaid.

This is likely a local Department of Social Services question.

Why is rent so high and there are few houses for low income people?

This is an issue for individuals with limited incomes as well as for individuals with a disability. Rising housing costs come from many factors, including more people moving to North Carolina and the simple fact that housing is not being built as fast as the State is growing. There is also a high demand for more expensive units so builders and owners can charge higher rents and get tenants. Also, there were fewer more affordable units financed and bult in the last decade, but the demand has not subsided. That is turning around but not quickly enough to meet demand. There are some housing programs that may be of help. The NC Housing Finance Agency has resources on housing options and programs: https://nchfa.com/. They are also an active partner on the State's Olmstead Housing Plan.

How does an individual with I/DD get TCL?

Transitions to Community Living (TCL) is a settlement agreement between the U.S. Department of Justice and North Carolina to increase housing, services and supports. This agreement was reached after an investigation by the U.S. Department of Justice on the lack of community-based options for people with serious mental illness (SMI) or serious and persistent mental illness. For the TCL program, a person with "serious mental Illness" (SMI) is defined as an individual who is 18 years of age or older with a mental illness or disorder (not including a primary diagnosis of Alzheimer's disease or dementia) that is described in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, that impairs or impedes functioning in one or more major areas of living and is unlikely to improve without treatment, services and/or supports.

For the TCL program, a person with "serious and persistent mental illness" (SPMI) is defined, consistent with North Carolina's Local Management Entity/ Managed Care Organization (LME/MCO) Operations Manual. The manual defines a person with SPMI as an individual who is 18 years of age or older: 1) with a mental illness or disorder (but not a primary diagnosis of Alzheimer's disease or dementia or acquired brain injury) so severe and chronic that it prevents or erodes development of functional capacities in primary aspects of daily life such as personal hygiene and self-care, decision-making, interpersonal relationships, social transactions, learning and recreational activities; or 2) who is receiving Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) due to mental illness.

The definitions of SPMI and SMI include people who otherwise satisfy the relevant criteria and who have a co-occurring condition, such as a substance abuse disorder; intellectual/developmental disability; acquired brain injury; or other condition.

About two years ago, I stepped up to become guardian for my cousin who is age 49 with IDD. I worked hard to find a new Group Home for my cousin last year. Very happy to report that his life has improved significantly as a result, but there is much more I can/want to do to improve his life. He has been on the waiting list for Innovations Waiver for 7+ years but seems like it will take many years before he will be off the list. In the meantime, I am struggling to even understand what services he is eligible to receive today. And in cases where I've tried to get services, it doesn't seem like there are enough service providers out there. Where do I even go to understand what services I might be able to receive to support my loved one?

Your cousin likely qualifies for a Tailored Care Manager. His Tailored Care Manager should be able to meet with you and provide you with options. The LME-MCO should also be able to provide this information. If the individual is Medicaid eligible, he may be able to access services through the 1915i program. You can find out more about 1915i at https://medicaid.ncdhhs.gov/1915b3-1915i-transition. Also, North Carolina DHHS has this document at https://www.ncdhhs.gov/accessing-idd-services-infographic-color-82521/download?attachment for learning how to access services.

It seems like there are so many organizations, government, and non-government. I get overwhelmed even when I just try to follow the system with my adult daughter (on waiting list). How can we come together better? I'd like to put my energy in one place rather than try to figure out all the agencies.

This is a challenging problem but one of the reasons for this Meet the Need NC initiative. The initiative is working to bring the community together on the critical issues impacting the I/DD community. Please continue to join our monthly lunch and learns. You can also join the North Carolina Council on Developmental Disabilities Policy Education meetings that usually meet each second Thursday of the month if you are interested in following policy issues. You can find links to future meetings on the NCCDD calendar found at https://nccdd.org/upcoming-events.

With respect to navigating the system, your daughter should have a Tailored Care Manager. If a Care Manager has not been assigned, you can contact the MCO.

There are little to no places for individuals with I/DD and behavioral health to get crisis services. This is a huge issue that our state needs to look at.

> See North Carolina Systemic, Therapeutic, Assessment, Resources and Treatment (NC START) at https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/nc-start.

How do you find those people building housing?

> See NC Housing Finance Agency at https://www.nchfa.com. There is a process the HFA follows to set aside units for individuals with disabilities.