



*Every stakeholder holds a valuable perspective on the transition to Competitive Integrated Employment. This paper contains a compilation of interviews, webinar materials and other resources on Competitive Integrated Employment.*

## **North Carolina Transition to Competitive Integrated Employment: Valuing all Perspectives**

**2022**

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**North Carolina Transition to Competitive Integrated Employment:  
Valuing All Perspectives  
Executive Summary**

**North Carolina Defines Competitive Integrated Employment as:**

- **Employee works either full-time or part-time, including self-employment**
- **Employee is paid at a rate that is not less than the minimum wage**
- **Employee is eligible for the level of benefits provided to other employees**
- **Employee works at a place where the employee can interact with other persons who are not individuals with disabilities to the same extent that all employees interact with these persons**
- **Employee has opportunities for advancement in the organization**

**Competitive Integrated Employment (CIE)** is a national initiative with a set of guiding principles that the federal government is using to encourage inclusive employment for individuals with disabilities. Through federal legislation and policy, the federal government is prompting States to create plans of action that will move the State toward Competitive Integrated Employment principles, policies and processes. Governor Cooper has issued an Executive Order outlining the Employment First initiative. In addition, North Carolina Department of Health and Human Services has developed a Five-Year Strategic Plan to transition our State to Competitive Integrated Employment. Disability Rights North Carolina has played a key role in prompting North Carolina to align with the federal and national movement to Competitive Integrated Employment. Some communities in North Carolina have been developing innovative models of integrated employment and vocational programming. There are many perspectives on how North Carolina should proceed with this transition, the timing and important considerations.

The i2i Center for Integrative Health was awarded a short-term grant from the NC Council on Developmental Disabilities to interview individuals representing all stakeholders in the Competitive Integrated Employment discussion. Once the interviews were completed, a free information session was held, open to all and presenting an opportunity for participants to hear from stakeholders, providers, and state leaders. The information session also included a “leveling the knowledge” component and a portion around the national perspective and lessons learned from other States to ensure that all participants have the same basic understanding of the intent behind Competitive Integrated Employment.

Key themes that arose from the interviews:

*General Concepts:*

- There is a general willingness to move to CIE
- More education is needed for all stakeholders.
- Home and Community-Based Setting rules encourage CIE
- North Carolina should use examples/peer models
- Funding is not sufficient to offer community-based choices that meet the continuum of needs

- North Carolina should focus on a transition plan and implementation that aligns with Medicaid Transformation

*Addressing Needs of Individuals with Intellectual-Developmental Disability Diagnoses:*

- A top priority should be around offering choice that is meaningful to the individual service-user.
- Flexibility within the framework of CIE in North Carolina is required to fit individual needs.
- Key considerations for making CIE successful include:
  - Access to transportation to employment
  - Address health equity issues around access to services
  - Include provisions that ensure the safety of individuals in employment settings

*Workforce and Employer Capacity Issues:*

- There is concern that there are not enough employers in some areas of the State
- Benefits counseling must be robust so that individuals can be certain of how hours and wages in employment will impact their benefits
- The State must ensure that employers are trained in integrated programming and employment
- Additional discussion is needed on the future of ADVPs as a part of the service system

This summation paper will be available to all stakeholders as an opportunity to better understand all perspectives on the transition to Competitive Integrated Employment. The paper will also be used to develop a summit in 2023 that will give additional opportunity to hear and learn from North Carolina stakeholders and from states that have transitioned to Competitive Integrated Employment.

## **Glossary of Terms:**

ADVP = Adult Developmental Vocation Program

BH/IDD Tailored Plan = Behavioral Health/Intellectual-Developmental Disability Tailored Plan

CIE = Competitive Integrated Employment

CAET = Community Activity Employment Transitions

Employment First = Governor's Executive Order around Employment

DHB = Division of Health Benefits (Medicaid)

DRNC = Disability Rights of North Carolina

DVRS = Division of Vocational Rehabilitation Services

HCBS = Home and Community-Based Services

IDD = Intellectual-Developmental Disability

LME/MCO = Local Management Entity/Managed Care Organization

MOU = Memorandum of Understanding

NC DHHS = North Carolina Department of Health and Human Services

SWTCIE = Subminimum Wage to Competitive Integrated Employment

WIOA = Workforce Innovation and Opportunity Act

## **Background:**

In October of 2021, in accordance with national trends related to employment for individuals with Intellectual/Developmental Disabilities (IDD) diagnoses, the North Carolina Department of Health and Human Services (NCDHHS) entered into a Memorandum of Understanding (MOU) with Disability Rights North Carolina (DRNC) and the Center for Public Representation (CPR) with “the specific and mutual goals of advancing competitive integrated employment (CIE) for persons with disabilities served by NCDHHS.” The MOU defined CIE as “...work that is performed on a full-time or part-time basis (including self-employment) and for which an individual: (a) is compensated at a rate that is not less than applicable minimum wage for the place of employment; (b) is eligible for the level of benefits provided to other employees; (c) is at a location where the individual interacts with other persons who are not individuals with disabilities to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with these persons; and (d) present opportunities for advancement that are similar to those for other employees who are not individuals with disabilities as defined in 34 CFR 362.5(c)(9).” The MOU further identified a plan, process, and timeframes to transition from more restricted employment settings, particularly Adult Vocational Development Programs (ADVP), to CIE, with the overarching goals of ending all ADVP services and making CIE available to all interested persons with IDD.

As acknowledged in the MOU, this plan was developed, and the MOU was executed, against the backdrop of the COVID pandemic. The realities of COVID necessarily impacted signatory capacity, particularly NCDHHS’s, to provide information to and solicit feedback from consumers and stakeholders. As details of the MOU circulated, stakeholders, providers, families, and service recipients alike raised serious concerns and myriad questions regarding the plan and its potential impact.

The North Carolina Council on Developmental Disabilities (NCCDD) recognized that the planned transition to CIE raised concerns among the people it supports. NCCDD leadership determined that an effort was needed to engage the I/DD community and stakeholders in dialogue, visioning, and educational opportunities for the state’s transition to CIE from ADVPs to ensure an inclusive and informed process. NCCDD further recognized that this effort required objective management and facilitation in order to respect the diversity of perspectives anticipated. Towards this goal, NCCDD partnered with the i2i Center for Integrative Health.

The i2i Center for Integrative Health is an independent non-profit organization that addresses healthcare policy and advocacy, particularly across behavioral health fields, with a commitment to neutrality. i2i provides facilitation and develops collaboratives around key stakeholder issues, bringing together service users (i.e., consumers), their families, service providers, advocates, government representatives, and other stakeholders, with a strong emphasis on consumers and people with lived experience. i2i provides a process and structure appropriate to the topic at hand but does not direct or inject recommendations. Rather, facilitators attempt to create a level environment in which all participants are provided with pertinent information/educational materials regarding the subject matter, after which participants have equal opportunity to develop the details of the process and discussion, along with significant findings. In some cases, these findings are complimentary, and in others they may have significantly contrasting points. In either case, i2i develops a summary document reflecting these perspectives, for use by participants, contracting groups, and other interested parties. As a neutral convenor, i2i does not take positions on issues or engage in lobbying efforts, though the results of its efforts are frequently utilized by collaborative participants to inform policy activities.

## **Process Overview:**

Per the agreement with NCCDD, a multipart plan was developed by i2i. The first part of the plan was intended to collect a broad range of perspectives on employment for people with I/DD, including the meaning of work, and how it integrates with and impacts the lives of individuals. Using the information and perspectives generated through this process, the second part of the plan was designed to offer subject matter-level information to interested people with I/DD, their families, and stakeholders.

i2i created a 3-step process to achieve the initial goal of collecting and collating diverse perspectives regarding challenges and opportunities in the transition to CIE as outlined in North Carolina's MOU with DRNC and CPR. The 3 steps included the following:

1. Research into the details of national efforts across states implementing a CIE transition and development of an information sheet to "level the knowledge" of interviewees (See *Appendix A*).
2. Identification of potential participants.
3. Development of a template designed to support and guide participant interviews.

These activities were completed in consultation with NCCDD leadership, who assisted in identifying potential consumer and family participants.

Over the course of three months, facilitators conducted fifteen interviews that represent the span of perspectives interested in Competitive Integrated Employment. Interviewees represented perspectives as individual service-users, family members, providers of ADVP and other pertinent services and their professional organizations, LME/MCOs and State leaders.

As noted above, each interview utilized a similar structure and followed a series of questions intended to solicit individual information regarding work/life for individuals with I/DD. A number of participants had direct experience with ADVP, supported employment, and other work-related supports. Other participants were experienced service providers, and some participants had participated in the development of the state's MOU. During or prior to each interview, the facilitators sought to understand the level of knowledge the individual had regarding CIE and the pending transition, and for those people who were not comfortable with the information they had received, the facilitators provided references and links to existing information. With permission, sessions were recorded to ensure that facilitators had full access to all responses. Individuals and families with I/DD were given a modest stipend for their time.

The information collected through interviews was then collated to identify common themes, areas for additional educational opportunities, and participant opinions regarding CIE. Details regarding these are provided in the next section, but it is important to note that, across all participants, there was general support for CIE, with the caveat that implementation issues loomed large. Additionally, the collated information was utilized to guide the 2<sup>nd</sup> phase of the effort: planning and developing an informational webinar.

## **Disability Rights of North Carolina (DRNC) and the National Perspective:**

### ***DRNC Interview***

- The foundation of what DRNC and Center for Public Representation (CPR) agreed to with NC Department of Health and Human Resources (NC DHHS) is **informed choice and the expansion of competitive integrated employment (CIE) services**.

- North Carolina should have a robust, person-centered process.
- The transition must be driven by the needs of individual service-users and not focused just on providers' concerns. For example, in Oregon they found that 80% of the individual service-users want to work in the community.
- North Carolina needs to address how information about the positive aspects of CIE can get rolled out to individuals who are using segregated employment services and their families, guardians, or other members of their support networks.
- The agreement between DRNC, CPR, and DHHS is a plan that plays out over a number of years allowing individuals who aren't ready right away to go to work in the community a chance to participate in discovery, which is a formal, guided process during which they learn about their employment interests and the various types of employment that correspond with their interests.
- The NC Division of Vocational Rehabilitation Services (NC DVRS) is responsible for giving school-age children information and education about CIE and the various services and pathways to CIE. NC DVRS has five services they are supposed to offer to schools for transition-age youth. NC DVRS did revert a good bit of money for these services last year because they were not able to use it.
- There is capacity today for CIE in North Carolina's service array if someone chooses it.
- Legislators have limited information as to how NC DVRS works and what CIE services can help individuals with disabilities achieve.
- The federal government pays a big match on vocational rehabilitation and Medicaid waiver services leading to CIE. Other federally-funded programs, such as the Ability One contractor program are transitioning to funding CIE exclusively, and the federal government recently awarded a SWTCIE grant to North Carolina to aid the transition of segregated employment providers to CIE.
- South Carolina and Tennessee recently passed legislation outlawing subminimum wages. The North Carolina Memorandum of Understanding doesn't address this specific issue.
- DRNC looks at the five-year plan as providing core elements for helping North Carolina expand CIE. They expect the NC DHHS to expand on these elements and address barriers over the years.
- If an individual service-user is offered CIE, they can say no and choose to participate in other "meaningful day" services, including day program services.
- States that have phased out segregated employment, like Oregon and Vermont, have found that the segregated employment facility becomes more like a drop-in center for social interaction but not employment.
- The MOU envisions that the ADVP providers would become a part of the CIE service system since they already have experience providing employment services to individuals with I/DD. The State would provide job training, professional development, and technical assistance for providers. DRNC is encouraging NC DHHS to provide funding for segregated employment providers interested in transitioning to all integrated employment services. They expect that providers will be satisfied once the transition is done. Ideally, providers can identify what they need to make this happen, they can specify the funding needed.
- Some of the barriers to the implementing the transition to CIE may include funding for provider transformation, deploying changes in service processes and structures, uncertainty from individuals with I/DD and their families/guardian.



### **Resources from other States:**

- Resources from Oregon's transition to Competitive Integrated Employment: Oregon Department of Human Services, Employment Services, Employment First [webpage](#) Oregon Office of Developmental Disability Services, [Developmental Disabilities Worker's Guide](#)
- Resource from Vermont's transition to Competitive Integrated Employment: University of Vermont webpage, ["Sheltered Workshop Conversion Institute"](#)
- Institute for Community Inclusion [website](#)

### **Interviews:**

#### **Summary of Themes:**

##### *General Concepts:*

- There is a general willingness to move to CIE
- More education is needed for all stakeholders.
- Home and Community-Based Setting rules encourage CIE
- North Carolina should use examples/peer models
- Funding is not sufficient to offer community-based choices that meet the continuum of needs
- North Carolina should focus on a transition plan and implementation that aligns with Medicaid Transformation

##### *Addressing Needs of Individuals with Intellectual-Developmental Disability Diagnoses:*

- A top priority should be around offering choice that is meaningful to the individual service-user.
- Flexibility within the framework of CIE in North Carolina is required to fit individual needs.
- Key considerations for making CIE successful include:
  - Access to transportation to employment
  - Address health equity issues around access to services
  - Include provisions that ensure the safety of individuals in employment settings

##### *Workforce and Employer Capacity Issues:*

- There is concern that there are not enough employers in some areas of the State
- Benefits counseling must be robust so that individuals can be certain of how hours and wages in employment will impact their benefits
- The State must ensure that employers are trained in integrated programming and employment
- Additional discussion is needed on the future of ADVPs as a part of the service system

#### **Synopsis of Comments from Interviews:**

1. Willingness to Move to Competitive Integrated Employment
  - General agreement in the transition. Some caveats were presented:
    - IF plan is thought out, demonstrates legitimate family and consumer input,

- AND articulates an actionable implementation plan and process.
- 2. Choice
  - Currently given several times/year as part of authorization process
  - Without expanding options for work, there is no choice for many
- 3. Flexibility
  - Range of abilities across individuals with an intellectual and/or developmental disability diagnosis
  - Individuals who have diagnoses that result in medical fragility and are able to live in the community and work are a part of the spectrum of individuals that must be considered in the plan for CIE
  - Early onset dementia and desire for retirement is becoming a more frequent circumstance that must be considered in the plan for CIE
- 4. Capacity:
  - Determine the actual number of individuals that this transition would impact and provide targeted education and communication.
  - Determine the impact of Medicaid Transformation and how that can be leveraged to assist in the transition.
- 5. Benefits Counseling
  - Concern about impact on benefits and lack of knowledge that creates fear
  - There are individuals who have graduated high school and community college but are not working full-time to protect benefits
  - State has capacity to raise amount of money individual can make and retain benefits
  - DVRS has five benefits counselors statewide
- 6. Transportation:
  - Can be a barrier if only employment is not nearby
  - Can be a challenge for families
- 7. Workplace Availability Near Home
- 8. Integrated Programming that Provides Employment and Service/Supports
- 9. Safety:
  - “Danger is an abstract concept” to some individuals with developmental disabilities
  - Many current jobs are manufacturing. Some manufacturing environments are not safe for some individuals, but the individual is fully able to do work thru ADVP or a colocation situation.
- 10. Lack of Information/Education
  - Outreach to specific families?
  - Statewide number for benefits counseling?
  - TA to LME/MCOs and other providers?
  - Parents need more education on the career assessment
  - Trainings need to travel to communities
- 11. Need for Examples/Peer Models of CIE within North Carolina and from other states
- 12. Adult Developmental Vocation Programs (ADVPs)
  - There is a spectrum of capacity across the ADVPs.
  - Some are like supported employment now.
  - Many ADVPs have evolved and changed over the past 15-20 years

- The concept of terminating State funds for all ADVPs is contentious.
- With a thoughtful transition plan, over time non-preferred options will go away. Better way to do it than stopping ADVPs wholesale.
- People see ADVP as a part of natural supports
- 14C certificates are needed to provide some individuals their best community option.

#### 13. HCBS rules

- Cannot be in segregated settings
- Cannot be less than other employees
- Minimum wage

#### 14. Funding

- Dollars must be appropriated through the NC General Assembly to make this transition viable
- The Memorandum of Understanding includes caveat on funding
- The ADVP is funded through State money appropriated by the NC General Assembly. The system has moved to be predominantly funded through Medicaid. Vaya created a Medicaid *in lieu of* service using the ADVP framework.

#### 15. Need for True Transition Time/Rollout

#### 16. Suggestions and Considerations

- Look at Vaya Health *in lieu of* service that has been developed.
- Look at CAET model
- Start connecting IDD to aging and adult services
- Roll out and transition must ensure that no one is dropped from services
- In lieu of service should be extended to anyone who has graduated (or left) high school, not start at age 22.
- Instead of saying ADVP ends, consider saying it won't be funded as currently
- Everyone should be assessed fairly and those who can be successful should be able to move to CIE
- ADVPs should pay at least minimum wage
- Bring non-disabled individuals onsite to create inclusion (colocation)
- For individuals and families that don't want to work (outside/fulltime/etc) provide exposure to individuals who are out working and bring up once in awhile
- Have family peers available

**November 7, 2022 Information Session Slides:**



 <b>AGENDA</b>	Welcome:	Cheryl Powell
	Setting Up the Session:	Ann Rodriguez
	Leveling the Knowledge on Competitive Integrated Employment:	Tamira White
	Next Steps on Transition to CIE:	Dave Richard
	National Perspective on CIE:	Chris Hodgson or Holly Stiles
	Legislative Perspective on CIE:	Senator Sarah Crawford
	Panel of North Carolina Perspectives:	
	Chris Egan	
	Nancy Baker	
	Ryan and Nicole Rotundo	
Jesse Smathers		
Kenneth Bausell/LaCosta Parker		
Kathie Trotter		
Moderators:	Ann Rodriguez and Mary Hooper	
How this Session will Inform Next Steps:	Ann Rodriguez	



Ann Rodriguez  
Executive Director, i2i Center for Integrative  
Health

## Setting Up the Session



Convene. Strategize. Activate.

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## Glossary of Terms:

- ADVP** = Adult Developmental Vocation Program
- BH/IDD Tailored Plan** = Behavioral Health/Intellectual -Developmental Disability Tailored Plan
- CIE** = Competitive Integrated Employment
- Employment First** = Governor's Executive Order around Employment
- DHB** = Division of Health Benefits (Medicaid)
- DRNC** = Disability Rights of North Carolina
- DVRS** = Division of Vocational Rehabilitation Services
- IDD** = Intellectual-Developmental Disability
- LME/MCO** = Local Management Entity/Managed Care Organization
- MOU** = Memorandum of Understanding
- NC DHHS** = North Carolina Department of Health and Human Services
- SWTCIE** = Subminimum Wage to Competitive Integrated Employment
- WIOA** = Workforce Innovation and Opportunity Act



## Leveling the Knowledge on Competitive Integrated Employment

Tamira White, Ph.D., CRC, LCMHCA  
Systems Change Manager  
North Carolina Council on Developmental Disabilities  
NC Department of Health and Human Services

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Strategize.  
Activate.

## Federal Actions on Competitive Integrated Employment

- In 2014, Congress passed the “ [Workforce Innovation and Opportunity Act](#)”. The US Education Department published [rules](#) in 2016.
- Throughout the Act, Congress emphasizes that individuals with disabilities, including those with the most significant disabilities, can achieve competitive integrated employment if provided the necessary supports and services. They provide guidance and incentives to States.
- The Biden Administration has issued publications recently that strongly encourage the transition to Competitive Integrated Employment and a focus on compensation with competitive wages.



## Employment First: North Carolina’s Commitment to Competitive Integrated Employment

- Governor Cooper signed the [Executive Order 92](#) on March 28, 2019.
- Employment First applies to State Agencies and not the private sector.
- The purpose of the Executive Order was to authorize Employment First, “the principle that employment in the general workforce should be the first and preferred option for individuals with disabilities.”
- This should be accomplished in State Agencies with the following: competitive labor market; full -time or part -time employment; integrated settings; compensation with competitive wages.



## Introduction to the NC Memorandum of Understanding and Strategic Plan

- North Carolina has federal requirements to follow.
- Disability Rights North Carolina and the North Carolina Department of Health and Human Services signed a [memorandum of understanding](#) to improve the delivery of employment services for North Carolinians with disabilities in February 2019.
- [North Carolina Department of Health and Human Services](#) has committed to a five-year plan to transition to Competitive Integrated Employment.
- Key parts of the five-year plan are:
  - Aligning available services with the transition to Competitive Integrated Employment
  - Education and training for all stakeholders
  - Choice of career pathways and service options
  - Develop a comprehensive guide on the transition to Competitive Integrated Employment



## Introduction to the NC Memorandum of Understanding and Strategic Plan

- The state plan currently extends to July of 2026 by which time Competitive Integrated Employment(CIE) will be available to all qualifying individuals. The plan has many components to it that include employment, supports and apprenticeship/internship opportunities.
- North Carolina Department of Health and Human Services defines Competitive Integrated Employment as:
  - Employee works either full -time or part-time, including self -employment
  - Employee is paid at a rate that is not less than the minimum wage
  - Employee is eligible for the level of benefits provided to other employees
  - Employee works at a place where the employee can interact with other persons who are not individuals with disabilities to the same extent that all employees interact with these persons
  - Employee has opportunities for advancement in the organization



## Opportunities to Support This Transition: Move from Pandemic to Endemic, Medicaid Transformation, New State Biennium and Long Session

- Moving from Pandemic to Endemic
  - Refocus and attention to projects that were impacted by Covid crisis work
  - Increased acceptance of virtual interaction, e.g. telehealth and virtual monitoring
  - Heightened awareness of health equity
- Medicaid Transformation
  - Intensified care management role for everyone in the BH/IDD Tailored Plans
  - Focus on tapping into Medicaid to the greatest extent possible through expanded services, innovation of *in lieu of* services
- New State Biennium and Long Session
  - Opportunity for conversations with legislative decision -makers around new funding and continuum of services



Dave Richard  
Deputy Secretary for Medicaid, NC  
Department of Health and Human Services



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## Transitioning to Competitive Integrated Employment

- **DHHS is committed to a Strong and Inclusive Workforce and the NC Olmstead Plan to support individuals with disabilities as fully included members of their communities**
- **Collaboration is Key:**
  - Internal Alignment: DMH/DD/SAS, DVRS, DHB/Medicaid, Service Definitions
  - Individuals and families
  - Providers
  - LME/MCOs
  - NC General Assembly
- **Build on NC’s innovative efforts and expand capacity**
  - Stakeholder outreach and engagement
  - Implementation of new Medicaid and State-funded supported employment definitions
  - Employment Assessments and Career Development Plans
  - CIE services and supports for people choosing CIE
  - Expand other meaningful day options

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Chris Hodgson  
Supervising Attorney  
Disability Rights North Carolina

Holly Stiles  
Litigation Counsel  
Disability Rights North Carolina

**i2i** CENTER for INTEGRATIVE HEALTH

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DISABILITY RIGHTS  
NORTH CAROLINA

November 7, 2022

**COMPETITIVE  
INTEGRATED  
EMPLOYMENT**

Holly Stiles & Chris Hodgson

NORTH CAROLINA'S PROTECTION AND ADVOCACY SYSTEM





## OREGON DATA REPORTS

### Workers Transitioned to CIE

- 2015 – Oregon had approximately 1,926 in sheltered employment
- 2016 – transitioned 118 in sheltered employment to CIE services
- 2017 – transitioned 307 in sheltered employment to CIE
- 2018 – transitioned 356 in sheltered employment to CIE
- 2019 – transitioned 367 in sheltered employment to CIE
- 2020 – transitioned 203 in sheltered employment to CIE
- 2021 – transitioned 315 in sheltered employment to CIE
- 2015-2021 – 835 sheltered workers first completed discovery before transitioning to CIE

#### Key Points

- 1,666 in sheltered employment transitioned to CIE in 6 years
- About half of sheltered workers completed discovery before transitioning to CIE



## OREGON DATA REPORTS

### Hours Worked

- 2017— Average CIE hours worked per week was 12.5, average sheltered employment hours worked per week was 12.9
- 2018 – Average CIE hours worked per week was 12.6, average sheltered employment hours worked per week was 12.9
- 2019 – Average CIE hours worked per week was 11.5, average sheltered employment hours worked per week was 11.2
- 2020 – Average CIE hours worked per week was 8.9, average sheltered employment hours worked per week was 7.8
- 2021 – Average CIE hours worked per week was 14.5, average sheltered employment hours worked per week was N/A because no one was left in sheltered employment

#### Key Points

Average Hours worked per week in CIE were on the whole slightly better than in sheltered employment



## OREGON DATA REPORTS

### Wages

- 2017 – Average CIE wage in CIE was \$10.17 per hour, average sheltered employment wage was \$4.86 per hour
- 2018 – Average CIE wage was \$10.89 per hour, average sheltered employment wage was \$5.25 per hour
- 2019 – Average CIE wage was \$11.19 per hour, average sheltered employment wage was \$4.90 per hour
- 2020 – Average CIE wage was \$11.89 per hour, average sheltered employment wage was \$8.03 per hour
- 2021 – Average CIE wage was \$13.14 per hour, average sheltered employment wage was N/A because no one was left in sheltered employment

#### Key Points

- Average CIE wages well outpaced sheltered employment wages
- CIE workers earned about \$140 per week compared to \$60 per week in sheltered employment



## OREGON DATA REPORTS

### Transition Age Youth With I/DD

- 2017 – 309 youth with I/DD worked in CIE, were paid on average \$10.30 for 14.0 hours of work per week
- 2017 – 57 youth with I/DD worked in sheltered employment, were paid \$5.16 for 11.4 hours of work
- 2018 – 332 youth with I/DD achieved CIE, were paid about \$11.09 for 14.1 hours of work per week
- 2018 – 18 youth with I/DD worked in sheltered employment, were paid \$5.54 for 12.9 hours of work
- 2019 – 399 youth with I/DD worked in CIE, were paid on average \$11.34 for 13.5 hours of work per week
- 2019 – 5 youth with I/DD worked in sheltered employment, were paid on average \$4.22 for 7.1 hours of work per week

#### Key Points

- Youth w/ I/DD earned about \$155 / week in CIE compared to about \$50 / week in sheltered employment
- Oregon had transitioned all its youth with I/DD to CIE services by 2020



# OREGON & NORTH CAROLINA’S CIE PLANS

## Side by Side—Oregon’s Settlement and North Carolina’s MOU

### Oregon’s Settlement

- End new admissions to sheltered employment by July 2015
- Establish yearly benchmarks for transitioning 1,115 workers in sheltered employment to CIE by June 2022
- Provide everyone in sheltered employment with Career Development Plans
- Ensure employment services include discovery

### North Carolina MOU

- End new admissions to sheltered employment by July 2022
- Establish yearly benchmarks for transitioning 987 individuals in sheltered employment to CIE by July 2028
- Provide everyone in sheltered employment with Career Development Plans
- Ensure employment services include discovery



# OREGON & NORTH CAROLINA’S CIE PLANS

## Oregon’s Settlement and North Carolina’s MOU-Side by Side

### Oregon Settlement

- Expand provider capacity for supported employment by offering them technical assistance and competency-based training
- Collect data to measure progress

### North Carolina MOU

- Expand provider capacity for supported employment by offering them technical assistance, and competency-based training, and financial incentives
- Collect data to measure progress

Holly Stiles, Assistant Legal Director  
Christopher Hodgson, Supervising Attorney

# THANK YOU

Please Consider Supporting Our Work

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Raleigh, NC 27612  
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[disabilityrightsnc.org](http://disabilityrightsnc.org)  
[info@disabilityrightsnc.org](mailto:info@disabilityrightsnc.org)

Senator Sarah Crawford



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**Chris Egan**  
Assistant Secretary for Employment and  
Inclusion, NC Department of Health and  
Human Services

## Employment First Efforts within State Government

In partnership with the Office of State Human Resources, DHHS/DVRS is leading efforts to position state government as a model employer of people with disabilities:

- **Employment First Internships**
- **NC CARES Program**
- **Data tools to monitor progress**
- **Disability awareness and inclusion training for HR and other staff**
- **Training for DHHS staff to increase accessibility of information and services for people with disabilities**
- **Educate management on value of lived experience when considering individuals with disabilities for a position**
- **Work to facilitate easier process for requesting accommodations**

**Nancy Baker**  
Family Member



## What are the top 3 challenges & opportunities in CIE from the parent perspective?

### ➤ Challenges

- Unrealistic expectations for individuals with cognitive disabilities
- Unintended isolation in community settings
- Safety concerns

### ➤ Opportunities

- Increased community integration
- Another choice for meaningful day
- Ensure that individual choices for employment are paramount

**Ryan Rotundo, MPA**  
Family Member

**Nichole Rotundo**  
Individual with Intellectual-Developmental  
Disability Diagnosis

- Planning
- Partnerships
- Progress Monitoring

Jesse Smathers, LCSW  
President, MARC

## Enhancing CIE/SE as an option within the array of services offered to people w/IDD...

- Individual choice is paramount
  - Cognitive disabilities are different than physical disabilities
  - Community is defined by the individual
- Opportunities based in realistic expectations that support the individual w/IDD and their families
  - Options will vary from county to county across the state
  - Opportunities and settings where individuals experience a sense of belonging
- Employment & day activities are more than a wage
  - Purpose
  - Mastery
  - Autonomy



Kenneth Bausell, BSN, RN  
IDD Manager, NC Division of Health Benefits

LaCosta Parker  
NC Division of Health Benefits

## How Can CIE Be A Part of Medicaid Transformation?

NC Medicaid provides critical health insurance coverage for individuals and families, with a vision to improve the health of North Carolinians through an equitable, innovative, whole person, centered and well-coordinated system of care that addresses both the medical and non-medical drivers of health. CIE is a crucial part of that vision.

### Access to Services

- Tailored Care Management
- 1915 (i) Supported Employment and Community Living and Support
- 1915 (c) Innovations Waiver
- Continued Person Centered Planning
- Supported Employment services

### Collaboration

- LME-MCO / Tailored Plans / Community Partners
- Cross divisional work
- Stakeholder

## Kathie Trotter, MS, LCMHC, CPM Director, North Carolina Division of Vocational Rehabilitation Services

### Subminimum Wage to Competitive Integrated Employment (SWTCIE) demonstration projects

NCDVRS wrote for and was awarded a [\\$13.8M five year grant](#) to specifically assist persons with disabilities that are presently employed in environments where they receive pay that is less than minimum wage, or those that are contemplating entering such employment, to seek and achieve integrated employment that pays at or above minimum wage.

SWTCIE runs FFY2022 through FFY2027. Year One is a year of planning and program development. Services to clients is expected to begin FFY2024.

The SWTCIE grant is also structured to assist those community rehabilitation programs that do not presently offer competitive integrated employment support options to begin to innovate in new ways to offer such services in a supported and collaborative manner. Services will be provided through 3 regional sites that will work with SWTCIE participants (and DHHS partners and employers) to help participants reach their goals of CIE.

Ann Rodriguez and Mary Hooper  
izi Center for Integrative Health

## Next Steps



Convene. Strategize. Activate.

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Convene.  
Strategize.  
Activate.

## Keep Updated!

Resources on Competitive Integrated Employment:

[NC DHHS Competitive Integrated Employment webpage](#)

[DRNC Competitive Integrated Employment articles](#)

[Federal website on Competitive Integrated Employment](#)

[NC Council on Developmental Disability references on CIE](#)



**Competitive Integrated Employment: Valuing All Perspectives**  
**Information Session Questions and Answers**  
**November 7, 2022**

**Information Session General Information:**

The Information Session PowerPoint slide deck and Question and Answer Sheet that includes slides from all speakers is available at the DD Council [website](#).

The slide deck includes a Glossary of Terms for acronyms that are used during the information session.

**Questions and Answers:** *(Thanks to Disability Rights North Carolina, the North Carolina Department of Health and Human Services, Division of Vocational Rehabilitation Services, Division of Health Benefits and Division of MH/IDD/SUD Services for assisting with the responses)*

**Do people have their SSI adjusted down when they get these jobs that pay better so the overall outcome doesn't add to their overall wealth? How has that been handled? Is one of the goals for people with IDD to be able to have more money from their hard efforts?**

*Response: Yes, SSI payments do decrease as income is earned, yet total household income increases with the combination of work and income. In 2022, individuals can earn up to \$1,767 each month and still maintain SSI eligibility. This is referred to as the Break-Even point. Earnings above this amount result in the loss of the SSI payment, but Medicaid is retained in North Carolina if earnings remain below \$40,301. Please be sure to contact a benefits counselor to discuss your specific situation. [https://www.servicesource.org/north-carolina-benefits-counseling-services/#pp-toc\\_heading-anchor-7](https://www.servicesource.org/north-carolina-benefits-counseling-services/#pp-toc_heading-anchor-7)*

**Will the services individuals have in place (that have helped them be successful) be jeopardized as a result of the increased income they will receive? If not, what supports are in place to ensure that this will not happen?**

*Response: Every person's financial situation is different and therefore the impact to any benefits they receive and the salary they earn will vary. NC DVRS has Benefits Counselors available that are well-trained and knowledgeable to assist anyone considering competitive integrated employment in reviewing their benefits, employment salaries and overall impact. When individuals decide to work, there are state and federal supports called "work incentives" that will allow a person to work and continue to receive benefits for a set amount of time before benefits are impacted. Generally, when individuals work, this increases total household income with the combination of earnings and benefits, so people may find they are better off financially when they work. Please be sure to contact a benefits counselor to discuss your specific situation.*

**How do people apply? Web address?**

*Response: Anyone can apply for VR Services. They can contact their local office to directly apply. Please visit this website for contact information for the office near you. <https://www.ncdhhs.gov/divisions/vocational-rehabilitation-services/vocational-rehabilitation-local-offices>*

*For general inquiries: <https://www.ncdhhs.gov/divisions/vocational-rehabilitation-services/vocational-rehabilitation-information-request>*

**How does one get informed of the new advisory committee Kathie Trotter spoke of? SWTCIE**

*Response: At this time, the DVRS agency is working closely with our federal grant administrators to set up the cooperative agreements and other initial requirements to get started. However, we hope in early 2023 to begin soliciting members for the SWTCIE Advisory and will share widely that process at that time.*

**According to Oregon's Data in February of this year, the individuals that were employed in competitive employment were nearly 50% in small group employment. Is that a work group of individuals with IDD?**

*Response: It's correct that in Oregon they offer both individual and small group supported employment to people with I/DD. Small group employment permits up to 8 individuals to train at a time, though most groups are really 5 or less. The individuals in small group supported employment had to meet four criteria: (1) they had to be paid at least the state minimum wage (which in Oregon is 12/hr), (2) they had to be an employee of, and paid by, a competitive business, (3) they had to have a goal of working in competitive integrated employment, and (4) the time spent in small group supported employment was limited to 6 months (with the possibility of one 6 month extension).*

**Have any individuals chosen to work full time when given access to competitive integrated employment?**

*Response: Yes. Individuals may choose to work full and part-time when given access to competitive integrated employment. Benefits counseling is available to assist someone to better understand potential impact to benefits depending on work earnings.*

*NC DVRS assists over 30,000 persons with various disabilities annually with services and supports as they strive to obtain and maintain competitive integrated employment. At the conclusion of the 2021-2022 state fiscal year, DVRS had placed 3,499 persons with disabilities in competitive integrated employment. These numbers do include those with various disabilities and vary greatly in the area of the state and the complexity of barriers presented. The overall CIE effort is structured to offer additional supports to those that have multiple complex barriers who may have a much more difficult time obtaining and maintaining competitive integrated employment.*

**Will there be customized employment for individuals with a significant disability? If so, how are you planning for this?**

*Response: NC DVRS currently supports individuals with significant and most significant disabilities in employment opportunities that meet their interests and strengths and will often partner with an employer to restructure or reassign non-essential job tasks to meet the needs of their employee. This is accomplished through NC DVR's supported employment services. However, NC DVR does anticipate some training in the area of customized employment which utilizes a slightly different approach to understanding strengths and interests of a job candidate and how to best align with employers for success.*

**What about increasing the pay and benefits for job coaches?**

*Response: Job coaching staff are not directly hired by the state. However, they are hired by community service providers that may contract with the state or other state supported entities. The state is reviewing ways that rates paid to these service providers might be increased in hopes of providing better wages to these vital staff. We hope that this will give the providers what they need to make the pay for these staff more competitive and stabilize these*

positions enabling them to provide more consistent support to those pursuing CIE. North Carolina's trade associations and provider networks report that they are advocating for increased wages for all direct support professions including job coaches.

**How can we ensure choice for all?**

*Response: To promote choice, efforts must be focused with the individual to learn about the variety of options available to them, and this effort must match with how the person can best become more informed about their choices. People learn best by seeing and spending time in different settings. The influential supporting people in the life of the individual must be involved as well so that all can be more informed. Choices will often change over time as people become more informed, thus, revisiting choices and preferences is a key to respect of ongoing choice.*

**Yes, we cannot lose sight of the spectrum of developmental disabilities and needs. Throwing all into one bucket is not the answer. How will you address this?**

**What about customized employment for individuals with a significant disability?**

*Response: The unique circumstances of each individual should be considered in the journey of choice and supports to promote ongoing goal attainment. The array of options continues to expand with the commitment of supporting people to attain their desired outcome.*

**Also, cognitive disabilities are different from physical disabilities, but some people have BOTH. Where are you in the planning for this?**

*Response: The unique circumstance of each individual should be considered in the journey of choice and supports to promote ongoing goal attainment. The array of options continues to expand with the commitment of supporting people to attain their desired outcome.*

**Are you going to keep the sheltered services, and keep the lower than minimum wage certificates?**

*Response: Subminimum wage rules are governed by the Fair Labor Standards Act. ADVP settings will be a choice offered through the LME/MCO.*

**How does the state view a Microenterprise as self-employment as a viable option for CIE? Is there funding for providers to offer startup funds? Training for staff to support a small business appropriately?**

*Response: Supported self-employment is a viable option for individuals. The supports, training and funding to establish self-employment will vary depending on the funding source and client need.*

**Hi! I'm an Occupational Therapist and own a small business providing supports for those aging in place (Companions and OT). However, one of my goals is to hire Direct Support Professionals to help support people with I/DD (supported employment, home/community-based supports). I was told that Trillium is a closed network at this time. Can you please advise me as to how to pursue becoming a provider of these services? Thank you!**

*Response: The definition of Closed Provider Network (also referred to as Network, Closed Network, Provider Network, and PIHP Closed Provider Network): The group of providers that have contracted with PIHP to furnish covered mental health, intellectual or developmental disabilities, and substance abuse services to Enrollees, as set forth at N.C.G.S. § 108D-1(2). LME/MCOs have a closed network for mental health, intellectual-developmental disability, substance use disorder services. In this context, closed means that the LME/MCO can control*

*the network. It is also important to note that Trillium would not have a closed network for OT as that is a service they will begin to oversee in the Tailored Plan world.*

**Is the focus of the effort only on people in current segregated workshops or will efforts be improved to assist individuals with disabilities who are currently unemployed, underemployed but want to work and have a career path?**

*Response: This effort is focused on assisting individuals with disabilities who currently unemployed and underemployed and are looking for choice of employment.*

**Did your systems change efforts begin with the Executive Order, a lawsuit, or some other endeavor? How did you navigate the development of the MOU?**

*Response: The Department received a demand letter from DRNC and CPR; however, efforts were already underway to expand choices and the associated supports.*

**Should the state not have these services and funding secured before moving forward? There are many individuals that will not choose employment and they need to know what services they will get prior to closing the door to workshops/ADVP.**

*Response: There are many individuals that will not choose employment and they need to know what services they will get prior to closing the door to workshops/ADVP. NC DHHS is working to operationalize the 1915 (i) array of services which includes Community Living and Support and Supported Employment. These 1915(i) services will be available in 2023 to assist members with competitive integrated employment and meaningful day activities.*

**When NC looks at Clinical Coverage Policy 8P for considering service definitions under the Innovations Waiver, will you consider looking at Georgia's Comprehensive and New Option home and community-based waivers for individuals with IDD? The service Community Supports focus on supports to individuals to assist with community integration for connection of natural supports and building leisure/recreational interests. The Community Supports services can be group or individual services.**

*Response: Thank you for this suggestion. We will look into these options.*

**Why are people with IDD sequestered to be in their own counties?**

*Transportation is the issue and innovation waiver will not cover transportation if their program or job is out of their counties. Response: The Day Supports definition in the NC Innovations Waiver does cover transportation. Furthermore, NC Innovations Community Networking and Supported Employment can cover transportation if the beneficiary does not need paid support at the integrated activity or job.*

**Are schools considered State Agencies?**

*Response: Schools are a part of local governmental structures.*

**What exactly does "expand other meaningful day options" mean? Slide 13.**

*Response: Expanding other meaningful day options means having service options to support people in their home and community. An example of this is the development of the 1915(i) Community Living and Support Definition that is designed to flexibly support people in their home and community.*

**Comments and Recommendations:**

- Please cross train Division of Services for Blind and Vision Impaired on how to understand Supported Employment in the context of people with IDD. This is not improving and it is a serious barrier to people with both disabilities.
- The increase in income is great however with the increase in income means that services are cut and benefits are cut. So the services that are in place to help them be successful are lost.
- We need more experts for 'work incentives and benefits counseling'. We need to find a better way to support individuals understand the facts instead of being fearful of losing benefits. The process is too complicated.

*Response: Agreed, more experts are needed for work incentives and benefits counseling. There are about 110 individuals in NC that offer this service. The level of experience and training varies from person to person. Locating and accessing NC Benefits Counselors can be difficult, but NC DVRS benefits counselors do have information on how to access these individuals. The process of understanding how all this works is extremely complicated because individual's benefit situations are different. Certified, experienced benefits counselors, as well as local Social Security Administration staff can assist to better understand the process.*

- I agree with the speaker about engaging business in these discussions. Unfortunately, rarely in these webinars is business representation. Usually policy makers, lawyers and social workers
- We have not been happy with the organization that provides job coaching for our daughter. We need more options.

*Response: The best recommendation is to meet with the organization staff to further explore the issues to identify options to adjust the approach to services. Depending on what may be available to you, speaking with your vocational counselor or LME/MCO is also an option.*

- There are many who would choose work but one size does not fit for everyone. I have never thought that my sister was taken advantage of making below min wage. She was paid based on her production.

*Response: Subminimum wage rules are governed by the Fair Labor Standards Act.*

- My son would be a potentially superb candidate for Discovery for Customized Employment provided by well trained, competent and certified staff so a profile could be developed based on his strengths, preferences, competencies and interests and a job developed that meets his needs and that of the employer. Then Informed Choice would be documented, including if he then chose to say no. The example of the woman who worked at McDonalds reflects poorly trained staff and support, etc. Not her fault. We must stop "blaming the person with a disability as a victim." This is the real culture change needed to change the systems.
- There are some individuals working in supported employment making more per hour than direct support professionals.
- Thank all of you for all the great information, let's just please to make sure we don't leave anyone out of these important decisions we are making.



## Appendix A



### **The Transition from ADVP to Competitive Integrated Employment Information Sheet**

Congress and the federal government have made a shift to support Competitive Integrated Employment. Legislation was passed and now North Carolina is working to comply with this policy shift.

In the Fall of 2021, NC DHHS, Disability Rights NC, and The Center for Public Representation agreed to initiate a plan to promote compliance with the integration mandate of the Americans with Disabilities Act and other applicable laws related to protection of the rights of individuals with disabilities. Specifically, the agreement is designed to “effectively and efficiently implement reforms to expand supported employment services, to improve and increase competitive integrated employment outcomes, and to communicate and share information relevant to each party’s respective areas of administrative and enforcement authority.” The state has a plan that extends to July of 2026 by which time Competitive Integrated Employment (CIE) will be available to all qualifying individuals with IDD and during which Adult Developmental Vocational Program Services (ADVP) will end. The plan has many components to it that include employment, supports and apprenticeship/internship opportunities. NC DHHS has provided definitions for CIE and ADVP that include:

- Competitive Integrated Employment:
  - Employee works either full-time or part-time, including self-employment
  - Employee is paid at a rate that is not less than the minimum wage
  - Employee is eligible for the level of benefits provided to other employees
  - Employee works at a place where the employee can interact with other persons who are not individuals with disabilities to the same extent that all employees interact with these persons
  - Employee has opportunities for advancement in the organization
- Adult Developmental Vocational Program Services:
  - Day/night service which provides organized developmental activities individuals with IDD to prepare to live and work as independently as possible.
  - Employee is not living at the service setting
  - Most employees in the organization have a disability
  - Employee may be paid but payment can be less than minimum wage
  
- Timelines that have been identified in the NC DHHS Five-Year Plan:

- July 1, 2022: **NOTE THIS CHANGE**--NC DHHS had planned to cease new admissions into ADVPs and have now delayed that with no set date per a May 4, 2022 memo
- July 31, 2022: NC DHHS to publish *Guide to Competitive Integrated Employment*
- July 1, 2023: all individuals receiving ADVP services who were receiving them as of 1/1/20 will receive an employment assessment (to be done during their PCP or IPE update by a qualified employment professional or LME/MCO care coordinator)
- July 1, 2023: undecided individuals will have Career Development Plan (NC DHHS to develop template by Spring 2022)
- No date set for Guidance, Education, Technical Assistance and Other Resources
- July 1, 2026: all funding transferred from ADVP and Day Component of in lieu service of ICF IID to CIE

### **Resources for More Information about CIE:**

#### **North Carolina:**

- Summary of the agreement and the full agreement between the NC DHHS, Disability Rights North Carolina and the Center for Public Representation: <https://disabilityrightsc.org/resources/changes-to-segregated-employment-in-nc/>.
- [LME-MCO Joint Communication Bulletin # J403](#)
- [TAC report and assessment completed for North Carolina](#)

#### **Federal:**

- 8/3/22 federal memo on CIE: [https://rsa.ed.gov/sites/default/files/subregulatory/A%20Framework%20for%20Community%20Engagement\\_0.pdf?utm\\_content=&utm\\_medium=email&utm\\_name=&utm\\_source=govdelivery&utm\\_term=](https://rsa.ed.gov/sites/default/files/subregulatory/A%20Framework%20for%20Community%20Engagement_0.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=)
- Most recent federal legislation supporting CIE: [Workforce Innovation and Opportunity Act](#)
- Federal regulations related to Workforce Innovation and Opportunity Act: <https://www.federalregister.gov/documents/2016/08/19/2016-15980/state-vocational-rehabilitation-services-program-state-supported-employment-services-program#p-246>
- [ICI Community Inclusion webpage](#)

#### **State of Oregon:**

Dept. of Human Services:

<https://www.oregon.gov/dhs/employment/employment-first/Pages/policy.aspx>

Worker's Guide:

<https://www.oregon.gov/dhs/EMPLOYMENT/EMPLOYMENT-FIRST/Policy/ODDS-Benefits-Counseling-Worker-Guide-March-2020.pdf>

## **Appendix B**

### **Potential Interview Questions**

1. Please tell us about yourself, your experience with employment services like ADVP/supported employment/related experiences.
2. We provided an info sheet for you on the process, which also requires that ADVP end by 2026? Any general thoughts?
3. As you understand the plan, what do you see as the challenges and opportunities?
4. What has the state not taken into consideration? What needs to be tweaked to make this work?
5. How will we know if we are heading in the right direction as changes happen? What will success look like for individuals with IDD and their families?
6. Informed choice is a central part of the State's plan. That includes employment assessments and career development plans. What else would be important for you to have informed choice?
7. What types of supports would you need to submit applications and be successfully employed long-term?
8. What will doom this plan to failure?
9. The state will request funding support from the General Assembly for CIE implementation. What do you want legislators to keep in mind as they consider this request? Do you have specific recommendations for legislators?

If the interviewee is a provider/professional, add these questions:

1. How will this change impact your work/business model?
2. Since this is a federal policy shift, how do we make it work in North Carolina?
3. Are there any big holes in the plan that must be addressed?
4. What do organizations need to have/do to be ready to provide CIE?
5. What support do you need from the State and LME/MCOs?

## **Appendix C**

### **De-Identified Interviews:**

Fifteen one-hour interviews were conducted with individuals/organization representatives that represent the different perspectives on the transition to Competitive Integrated Employment. Part of the agreement on the interviews was that they would remain anonymous, and, for that reason, interview comments have been de-identified. Individual service-users and family members of individuals with an intellectual-developmental disability diagnosis were compensated for their interview time to acknowledge the importance of their input. See *Appendix B for general interview questions.*

#### **Individual with Intellectual-Developmental Disability Interview:**

- On the CAP-DA waiver right now. Hope to get on Innovations waiver in the future.
- Now 21.
- Have been working with a job coach. The first part was helpful. That was an assessment of the individual's skills. The assessment "kind of" gave them an idea of what the individual was good at and the individual wasn't surprised at the identified skill set. They did ask what the individual liked.
- Wants a job in which the individual can interact with people, e.g. customer service.
- Wants a job in an office.
- The individual is taking classes at the community college and being successful in classes.
- Volunteering at a local coffee shop. Loves most talking to people.
- Not sure if she wants to go on to get a four-year degree. Depends on the type of job she is interested in.
- Would like to work with a mix of people with disabilities, all ages.
- Individual has an ABLE account.
- There is transportation to get to the classes at the community college, but the amount of time that it would take to get the buses would be 4-5 hours for what would be a 25 minute drive each way. The individual is able to use transportation for appointments from time-to-time. There have been some buses that don't have the right doors to fit the scooter. Rides have to be booked one week in advance and the bus staff may call and cancel.
- NC Peer Mentor Leadership for Persons with Disabilities—been a member and trained to be a peer mentor. Includes activities and speakers. Age range 15-30. This seems like a group DHHS could use for feedback. Held at NC State and Pembroke (when not virtual).
- Also does Bridge to Sports.
- One important thing to tell the State that it feels like they don't care about people with disabilities because the barriers aren't acknowledged.

## Family Member Interviews:

### Family Member #1

- There wasn't correlation between child's skills and jobs they had available through DVRS. Individual and parent had to keep following up with the job coach. They seemed to have limited jobs and were raising jobs that didn't fit the abilities of the individual. The assessment and discussion seemed disjointed. This was a contractor of DVRS and they didn't seem to have a clear view of what they were supposed to do. It seemed like they had one job they were trying to fill positions for.
- The job coach suggested the individual switching majors to accounting because of the individual's strength in math, but that is not what the individual wants. The parent asked for videos of what tasks different jobs entail. The job coach indicated that they do have those videos but had not offered them prior to the request.
- Parent has seen through the volunteer work that there would need to be accommodations, but they would be very easy to do, e.g. couldn't get scooter behind the counter but would be able to take credit payments using a mobile swiping device.
- They had not yet approached the impact of benefits if the individual is working.
- Child is now 21 and has had a case manager (CAP-DA waiver) who has kept them informed. The case manager does not help with job coaching. Case manager doesn't seem to be educated about services provided through DVRS.
- Housing is an issue that is related to employment for individuals with I/DD diagnoses.
- One important thing the State needs to understand is the barriers that exist for persons with disabilities.

### Family Member #2

- The funding differences were distinguished:
  - Funding from Division of Vocational Rehabilitation Services is based on individual eligibility
  - Funding from Division of MH/IDD/SUD is based on a per month payment to rehabilitation providers
- The perception of family members is that Vocational Rehabilitation is trusted and there to help. The LME/MCOs are there to authorize services and that could reduce care and services.
- Difficult timing because providers have just gone through pandemic.
- Info did not come out right in the beginning so was not well received.
- Benefits counseling is huge because of the fear of being disqualified for making too much money. IPS, ACT have benefits counseling embedded in the service definition.
- Housing inspection is another component that they could have more trained personnel to do.
- Training needs to travel to communities.
- Policies need to address needs of individual and the funding source.
- Big divide between individuals who have an Innovations waiver slot and those who do not.
- Need more expertise in the communities.

- Suggestions for education materials (that provides additional insight into family member perspective):
  - Change mandate and go with work with pay at minimum wage and work in the community as integrated as possible.
  - Really play up benefit counseling and talk about no one losing benefits while still being gainfully employed.
  - Might want to highlight 1915i since it will expand options to more individuals and allow them to be more like Innovations.
  - Who will be rolling out education, TA, etc. on all employment communication?
  - Play up VR and their role in each community with providers, LME/MCOs and families.
  - Instead of saying ADVP will end, say it won't be funded as it exists now.
  - Curious how many ADVP providers do day/night service. It will affect them differently than those who just do day.
  - Need to define: IPE, employment assessment, career profile.
  - Funds that will be transferred from ICF/IID-will there be any opt outs like dementia or medically fragile diagnoses?

### Family Member #3

This family member's individual service-user has been using adult vocational developmental program for several decades. The individual has a routine that includes a daily walk. Transportation picks the individual up to go to the ADVP. The ADVP has two contracts right now. The ADVP has different activities for individuals who are not able to sit and work an entire shift.

The individual service-user has different capacity during different days. Most days work is the focus. Some days socialization is the focus. When pandemic hit, the ADVP services were suspended and the individual service-user could not come home. The group home didn't have zoom capacity to begin with. The individual service-user fell into a psychosis for the first time and believed family members were dead. The family member was not informed that outside visits to the group home were allowed. Had to work with psychiatrist and psychologist, started the individual on medication. Took a year with twice-a-week sessions with each psychiatrist and psychologist to recover. Started with just phone calls and that "didn't look real" to the individual. The group home got Zoom and started arranging family gatherings on the computer. Going back to the ADVP has helped the individual get to this point in recovery. The individual service-user has expressed to the family member opposition to going to a day program and also expressed joy in receiving a wage for work and the feeling of being productive.

They live in rural area and there are not employers that fit the individual's needs. The contracts that they work on in the ADVP are organizations outside of the county. The individual service-user is dually eligible, Medicaid and Medicare, and receives rental assistance. Concern that benefits would be lost if market rate was paid. Proposed supported employment to the individual service-user but was declined from concern of not getting to see the people in the ADVP. Their experience is that it is hard to find the right job coach (had to be same gender, ran into workforce issues). When the individual service-user was offered an apartment, the reaction was that the individual had done something wrong and home would be taken away. The individual service-user generally does not do well with change.

- Choice has always been available for people with I/DD diagnoses who want to work with employers.

- Doesn't think the Strategic Plan was thought through very well.
- Don't feel like they analyzed as to impact for many individuals.
- CFAC discussion had a lot of concerned individuals and parents about the impact of this.
- For some parents, if their child doesn't go somewhere, e.g. work, the parent can't work.

#### Family Member #4

- Concern that many adults are sitting at home with nothing to do.
- Parents feel like ADVPs and sheltered workshops are safe places for their kids. Some parents don't feel that their children can work full-time.
- Parents don't have examples of an individual with I/DD who is working that they can compare with their child.
- Transportation to get people to work is a huge challenge.
- Many individuals have been sheltered, not taught about safety or bathroom skills when in public, that need to be considered.
- This family member's individual service-user had a first job that took a lot of effort to get the individual to and from the job, to get support to make it a successful endeavor, work through impact on benefits and then reporting to SSI the level of work.
- Very difficult for parents to always have time to navigate what it takes to make sure employment is successful.
- Great concerns about social interactions, using social media. Extremely vulnerable in some ways. Family members want to be diligent with who their individual service-user is around. This family member's individual has been sheltered growing up but is now old enough to go out more independently. The family member considers settings and weighs what is considered safe. The family member believes that danger is an abstract thought for their individual service-user.
- Some community services that have been helpful include:
  - Reality Ministries
  - Project Search
  - public schools
  - Large regional hospital system
  - LME/MCO
  - OE Enterprises
- There could be more communication directly with parents because the individual may not communicate what is going on to their family.
- Service Source will train agencies in benefits counseling for providers and providers should be encouraged to take advantage of that resource.
- Work credits will make people eligible for SSDI. Then benefits will not be tied to parents' income—even for adult children living at home. Ex: mother is retiring and her pension and social security will up son's benefits and put him over the limit to work. Son will be switched to Disabled Adult Income.
- Education for pediatricians about the Innovations waiver is needed and early training for individuals with I/DD diagnoses and their families is needed on where to seek community resources.

#### Advocate Interview:

- Been successful in integrating people into the community, e.g. housing, expansion of options, etc. and always offered choice.

- Work has historically been the biggest barrier because individuals with I/DD are a varied population in types of disabilities, ages. Have to have an expanded array of options for people or there is no choice.
- Over time the non-preferred options will go away. It will not be successful to end ADVPs immediately because not acknowledging that people have made this choice.
- Parents and guardians confused and worried that it will leave their family member vulnerable to abuse, etc.
- People see ADVPs as a part of their natural support.
- Have enormous support in their communities.
- Have enormous support in the General Assembly.
- DVR far more restrictive when assessing people for employment. Do a good job for individuals who are more high functioning (defined as more manageable in an inclusive work environment). Get paid and supported based on closure of cases. Incentive is short-term.
- DMH has incentive to look at long-term inclusion and sustainability of employment for an individual with I/DD.
- Benefits counseling is very important. State can make the decision to raise the requirement of how much money you can make. Everyone needs benefits counseling, and everyone needs to be cognizant of work limitations. It would be costly to raise the requirement. Possibility of Medicaid match would be helpful. Counties could weigh in and provide some support for this. Federal government will not require it if they raise the limit on what you can make.
- Supported employment is different from CIE because it's a Medicaid definition. Short-term because SE is a service. CIE takes it a step further to get minimum wage and opportunity for advancement.
- ADVPs have had been successful in continuing the State dollars but have to fight for it every budget process. They have also been successful to have contracts with local companies.
- There may be a barrier to pursuing Medicaid funding with the changes in the HCBS regulations.

#### Recommendations:

- Everyone should be assessed fairly and those who can be successful should be able to move to CIE.
- There needs to be an array of choice and a priority to honor their choice. Address the preference of individuals.
- ADVPs need to provide at least the minimum wage for individuals working there.
- Address the reality that people do not like to change.
- Short-term goals of recognizing diversity, community, family support for ADVPs.
- Would support bringing non-disabled individuals onsite to ADVPs to create inclusion.
- Find employers who are willing to consider having employees with disabilities and educating the employers on how to train, how to accommodate and be successful.

#### Provider Interviews:

Provider Interview #1



- North Carolina has been offering CIE since the 1980s through supportive employment. They look at this as it already been offered through supportive employment.
- Do not believe that it is a federal requirement.
- Valid legal challenges have been brought against the MOU and CIE Strategic Plan based on the way it was written. Did not take into effect much of the process and conflicting legal statutes that exist, ie. Licensure changes (day program, sheltered workshop, ADVP), definition changes, IDEA, IEPs, transition plans
- Most have ADVP license and the MOU includes the word “setting” so DHHS didn’t know that this would impact ADVP. NC APSE were aware of discussions around the MOU and strategic plan but not at the table. Do not feel that they have been brought to the table.
- There is an effort by House and Senate to not fund the plan and MOU.
- Feel that ADVPs are targeted and scapegoated. ADVP is built into Innovations Waiver. No discussion about how that would be handled.
- WIOA effects vocational rehabilitation program, e.g. limits people entering the program until they are 25. So that leaves people between 18 and 24 with no funding but what the State would put into it.
- Would hope to have an array of services that would cover the adult 18 up to senior with seamlessness. There is no connection right now.
- Need costing out of the MOU and strategic plan. Array of services to reduce the waiting list.
- Offer choice to their consumers based on WIOA and other statutes.
- Competitive integrated training dollars are available through DVRS.
- What happens with individuals who still have soft skills and need continued training? Individuals with significant disabilities--may be cognitive and behavioral. Long-term follow-up is needed. 35% success rate of getting people through CIE. Need a continuum so that individuals are not pushed into employment when they are not ready. People need options.
- Community Activities Transition Employment (CAET) model has been used in western North Carolina. When it was developed, the conversation included all stakeholders to create a plan. Piloted in Smoky Mtn in 2006 and 2007. Includes school-aged children. Provider membership organizations supported the development of the model.
- Long-term care services is another in lieu of service, another service that provides wraparound, It was presented to the State but they did not implement it. State more recently possibly seeing a benefit to it. Every LME/MCO could do this. This is a part of the in lieu of service to replace ICF-IID and could possibly be a part of the 1915i services. (NOTE: in lieu of service is a service that can be used to replace another Medicaid service. It is required to be budget-neutral to the original service and is used to create an innovative alternative, e.g. there is an in lieu of service that allows individuals to remain in the community rather than in an ICF-IID facility.)  
David Boyd, Vaya Jesse Smathers
- Several LME/MCOs are in the process of developing in lieu of services.
- Some individuals experience aging earlier than other individuals.
- The organizations represented in this interview do not support the State’s MOU. Their position is that there must be options for individuals who do not choose integrated employment.
- Data is not connected between DVR and DMH but the data is extrapolated. Data is a big issue. DVRS has to report to the federal Rehabilitation Services Administration annually.
- In NC, there has been a lot of supportive employment provider closure.

- Benefit counseling services available is through the WIPAA grant from Social Security Administration. Limited, only phone contacts. Providers can only access benefits counseling is through DVRS and the individual would have to be eligible for DVRS and not everyone is through DVRS.
- Transportation is another big challenge.
- The MOU was signed before provider organizations could weigh in.

#### Provider Interview #2

- One provider owns several businesses as a tool to create employment for people with lived experience and people in the community. They hold a wage certificate with the NC Department of Labor to offer piece rate wages and market wages. Individuals work as many hours a week as they want to.
- It would be useful to have data around the number of organizations working under the 14E and providing sub-minimum wages now. Some providers have lost some of their funding because they are paying sub-minimum wages.
- ABLE accounts are NOT counted as assets for publicly funded means-tested programs such as Medicaid. However, State Medicaid programs are entitled to estate recovery at the time of death of the beneficiary with an ABLE account. ABLE account maximum contribution per year is a flat \$15K plus either the beneficiary's annual income or the individual FPL, which is \$13,590 in 2022. So an individual can earn and deposit into an ABLE account up to \$28,590 / yr. The first \$100,000 in an ABLE account is exempt from SSI assets limit determination. The current individual SSI asset limit is \$2,000 but there's a bill in Congress that proposes a \$10,000 individual limit. The average SSI monthly benefit for an individual is >\$800 allowable but with deductions due to assets, the average national SSI monthly benefit for an individual is closer to \$600.
- There need to be discussions around how to work through situations such as when hours are reduced, when local day programs are closed, etc.
- How much an individuals makes in pay is an issue to related to keeping their benefits. Have a benefits counselor work with the person on how much they can work. Parents concerned about the job market and afraid to let their children work and enjoy that. Able to make up to \$35,000 a year before SSI or SSDI is at risk. Preference assessment is used.
- Base Camp is a software platform being used to assist businesses. Quarterly forums can provide networking and education opportunities.
- Increased benefits counseling is needed to assist individuals with their long-term plans.
- A provider is trying to create a business consortium to get employers to assist.
- Some people will do very well with CIE but some really enjoy being in the ADVP environment and have been there for years.
- Many individuals aren't familiar with ABLE accounts. Natural supports are very important to determine what is possible for the individuals.
- Preference assessment that identifies the different facets of CIE are operating well to give people choice. How to start a business—microenterprise. Taking into consideration the differences in the individuals. Not a "one size fits all" approach.
- Could benefit from more flexibility in how they are offering choice to a person, e.g. through alternative payment methods, getting away from a unit of services to allow for flexibility. This would give them more freedom to educate people on the options.
- There are individuals who will not ever be able to do all the tasks necessary for a job. How do we support and serve those individuals?

### Provider Interview #3

- There are services including: supported employment, pre-employment through schools, day programs, ADVP
- The local LME/MCO had a number of ADVPs and the legislature was taking away state funding. There was no way to maintain the system in that part of the state. Rural areas are very dependent on the services provided. Worked with a consultant to develop long-term care services definition. Negotiated with State to ensure the money was included in the per member per month for the LME/MCO to cover the services. Moved all who were living with their families into day programs. Paid residential providers but had to work rate out so that residential could pay the ADVP. Rate is sufficient to fund residential and ADVP. This definition can support ADVP providers. Very small % of individuals who do not qualify for Medicaid and would lose services if not continued through State funds. Now they are expanding the LTCS service definition to include CAET components. Provides transportation. Other LME/MCOs are now looking at this model.
- Concern that there is not understanding about how this will impact the service system and how it is currently playing out in NC. Some providers don't have 14C certificate.
- There are champions in state and legislature:
  - Sens. Crawford, Burgin, Woodard, Corgin requested consensus plan by January 1 through two letters to DHHS Secretary saying won't fund anything until there is a consensus plan.
  - Rep. White supportive of group homes.
  - Deputy Secretary Richard understands the system well.
  - In lieu of service included in Olmstead Plan to address Samantha R.
- Much of the discussion occurred during the pandemic and DHHS leadership staff (DMH and DVR) were changing.

Challenge: Some individuals with developmental disabilities have gone through graduated high school and gone to community college. Could succeed in full-time employment but can't risk losing personal care services.

Change needed: In lieu of service would need to be available to anyone who is graduated or left school. Right now it is written to apply to individuals who are 22 years of age and older. Payor of last resort is basis for 22 year old.

Request: Has to be a roll-out and transition to ensure no one is dropped from services and providers can't sustain during transition.

Request: Start attaching IDD to aging and adult services. Individuals who qualify by age or are aging to benefit from these services.

### **LME/MCO Staff Interview:**

- Piloted a state-funded model, CAET. Tiered model depending on what the individual needed and wanted, e.g. youth transitioning to adulthood, retirement planning. Then developed the LTCS model from this. Because it is ICF-IID in lieu of, different from CAET. Includes residential and meaningful day activity. Launched in stages with providers. Level 1 made sure they were accredited, staffing changes needed, make sure leadership of provider agency is onboard with shift. Bundled rate allows LME/MCO to pay one provider (residential) and then they subcontract with the ADVP providers. First move was for

consumers who live at home and attending ADVP, Level ii in community housing move, Level iii AFL, Level iv and v group homes. Meet one-on-one with providers to understand benefit of moving to this bundle. Educate but do not force providers at this point. Because state residential rate is rich, they want to stay with it. This definition could be used statewide.

- The LME/MCO leadership pushes for community inclusion to the greatest extent possible. Had an employment specialist for a very long time. Saw deficits in the system and current system models. Work with partners because they are more aware of needs.
- Benefits counseling is available. The LME/MCO partners with DVRS and encourage free benefits counseling training. Just submitted a service definition revision to drop the age limit from 22 to 16. This models with their supported employment definition. Transitioning individuals off of State dollars to Medicaid. Track individuals on the Registry of Unmet Needs (RUN) and whether they are getting any services. With new counties, this will take some time. State has residential rates that are higher but did not increase the State funding that goes to LME/MCOs.
- Finding that providers are going to lower ratio group living (including Alternative Family Living settings) and away from congregate settings. HCBS final ruling is ensuring greater independence.
- The LME/MCO has been funding micro-enterprises (used CARES funds—one-time funding) to assist in transitioning to CIE. Micro-enterprises might not meet criteria for DVRS.
- Individuals may want social activities outside of work. Choice of full-time and part-time work. Some may not have stamina to do a job for 8 hours. Then have responsibility to look at what the rest of their day looks like. Wrap around supports to make sure they have access to community, services, what they want to do.
- Supports delving deeper with an individual about why they may not want to work and bring it up every once in a while, give exposure to people working.
- Need education for guardians. Dignity of risk, self-determination. Have family peers available to talk. Could care extender role be used to help with this education?

#### **State Leader Interviews:**

- The effort to get to a MOU was in the hope of a getting to a North Carolina plan. The MOU is based on funding availability.
- The negotiations took longer than expected. The pandemic was at it's height, getting projections was difficult, the delay of the BH/IDD Tailored Plans all impacted the negotiations.
- CIE is best practice and leads to best practice.
- It is critical to have a strong partnership between the Divisions of MH/IDD/SUD and VRS.
- An issue that has been a part of the discussion is around paying wages that are not subminimum and competitive.
- The transition to Competitive Integrated Employment will require additional funding.
- It's important to show what the cost will be for the transition to CIE.
- DHHS has an obligation to work with the NC General Assembly on this transition. Some legislators have already expressed concern that they should be included in discussions. They play an important role in appropriating the funds. DHHS will be going to the General Assembly with an appropriation request in the 2023 long session.
- Priorities for DHHS include ensuring a meaningful day for individuals with intellectual-developmental disabilities, informed choice about work, employment opportunities, fair wages, continuity for service-users and integration.
- DHHS has already been working on expanded and more supportive service options.

- There has been a lot of discussion between DHHS, DRNC and CPR about the future for ADVPs. Every ADVP cannot be looked at through one lens. North Carolina has changed from where we were fifteen or twenty years ago. Some ADVPs are already like supported employment providers.
- ADVPs are state funded. The state needs to determine how Medicaid can assist with the transition to CIE, e.g. 1915i services. 1915i services community living supports + supported employment can go up to 28 hours a week. Could be a meaningful day option for people. Integrated setting. Must make minimum wage. Have some work to do to see what the options are.
- There are limited people who are Medicaid beneficiaries that are impacted by CIE.
- Medicaid does have some exclusions around beneficiaries making subminimum wages, e.g. vocational services.
- DHB would like to do specific outreach to families on benefits counseling. Need continued education. Possible statewide number to call for benefits counseling. Offer CIE technical assistance with LME/MCOs and providers.
- *In lieu of services* are being used in Vaya, Trillium, Partners and Eastpointe and Sandhills is working to develop it.
- Monthly data is showing progress in moving people to CIE.
- Some of the terminology used has differing interpretations.
- DVRS is satisfied with where they are:
  - They have continued to do the work they said they would do, including WIOA career counseling with some peer mentoring.
  - They have developed a job description for peer mentor and funding for this position.
  - They have identified and hired one person in a temporary position as peer mentor. They are working to develop supported internships (job coaching).
  - They are flexible as to location.
  - Over half of the support for an individual to find a job is done by providers. Individuals who need long-term support should get it.
  - If there is no provider for long-term services, it causes a big dilemma for DVRS.
  - Apprenticeship is defined differently by different groups. For DVRS, it is formal, meets State requirements, affiliated with community college, includes training and then employment.
  - DVRS currently has five positions statewide for benefits counseling and are working to expand this.
- DVRS does have a restriction in that they are required to close a case within 90-days. DVRS is looking at the possibility of changing this.
- The federal government has a grant opportunity, Subminimum Wage Transition to CIE (SWTCIE) that North Carolina has applied for (NOTE: NC has subsequently received this grant). The plan is to have three pilots in the west, east, central. Only certain job fields can be targeted, e.g. travel, essential, recycling. DVRS puts staff into this and they would be located at the provider site. Case manager to help, benefit counselor for each pilot, job coach, meaningful day services. \$13 million, 5-year grant, hoping for 300 people served. Supports don't end—continue throughout 5 years. Federally the data and model will be shared nationally. DVR, DMH, DHB heavily involved in the grant development.
- Availability of employers is an issue.

- This is a part of the State's approach to the Olmstead Plan and a part of whole person care.
- There have been CIE webinars and more training is needed.
- There will be career development plans and assessments. DHHS is working on where the assessments can be done—particularly for State-funded individuals.
- This really impacts State-funded individuals with I/DD diagnosis and individuals on waiting lists. CAP-C and DA waiver individuals do not have the same HCBS requirements. Data is needed to determine how many individuals are impacted.

## Appendix D Resources:

### **North Carolina Resources:**

#### **i. 2004 Employment Workgroup Recommendations**

> ADULT DAY VOCATIONAL PROGRAM TRANSITION

- 1) Students Transition from School to Work
- 2) Community Vocational Transitions- Persons with multiple 7 complex needs (ADVP/LTCS)
- 3) Supported Employment
- 4) Senior with Disabilities

2005 ADVP - Proposed Revision to new service Name:

> Community Activity Employment Transitions (CAET)

2006 IOI & HVO met with Smoky Mt leadership requesting the funding to Pilot the CAET model. Smoky Mt agrees to find funding if CRP's staff develop the model with service definitions and costing, due to lack of Area Program staff as a result of a Reduction in Staff.

2007 CAET PILOT Project presented to Smoky Mt Board

>IOI & HVO pilot CAET Model, WOI joins Pilot to strength Pilot with Supported Employment Component.

Smoky Mt. Board agrees to provide funding.

2007 - 2009

>CAET Model Funded by Smoky Mountain Mental Health for 2 years.

2008 MARC presents CAET Model to State CRP's

MARC presents CAET Model with Lt. Governor Beverly Purdue Staff

MARC members continued to work with VAYA staff and NC Division Staff to seek funding of The CAET model.

VAYA staff continued to look for an opportunity to fund the community based services.

2017 Dave Richards announce the LTCS funding by CMS at NCARF meeting.

September-October VAYA rolls out LTCS program and funding

2018 ONE YEAR Later – Fully Funding Programs is 17 western counties.

**2019 State DHHS & Private Insurance Providers looking at Model as the "Best Practice for IDD Services & Health Services.**

Addressing the Social Determinants of Health:

Education, Job Status, Family/Social Support, Income, Community Safety. Health Behaviors & Access to Quality Health Care.

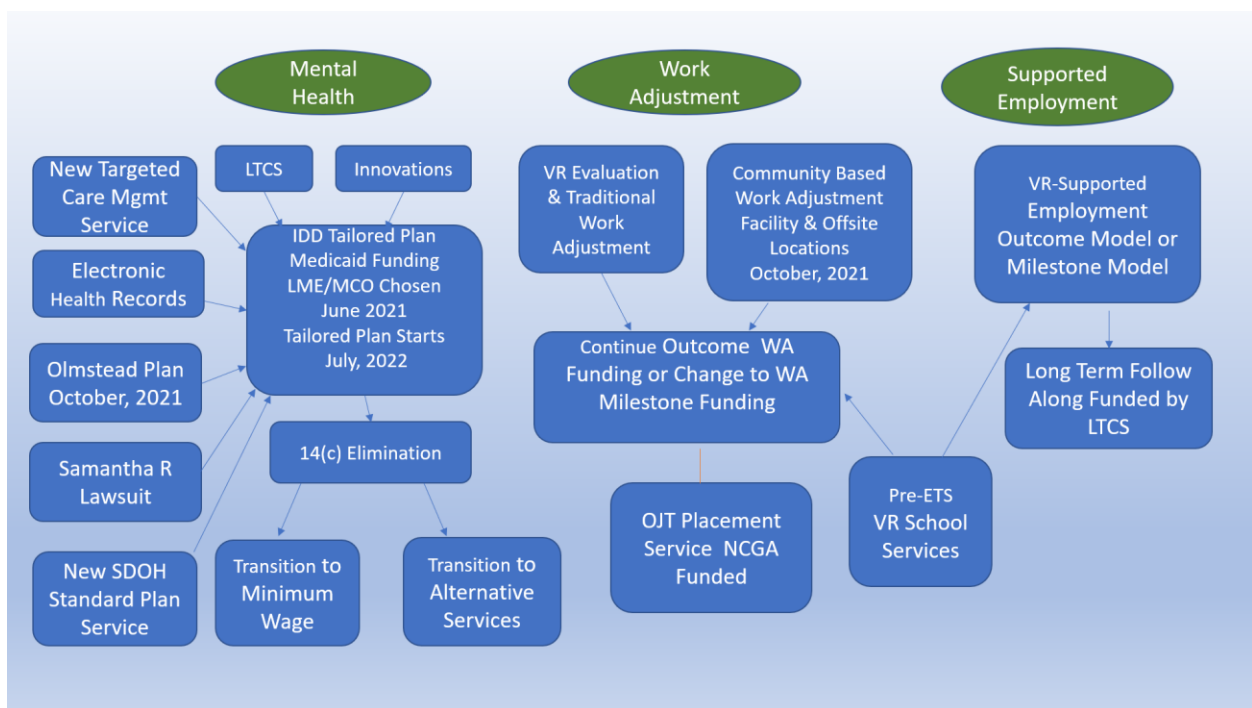
**Presentation in Baltimore of the LTCS Model for all Medicaid Recipients. Importance of Community Engagement**

16 Years >

Perseverance: Steadfastness in doing something despite difficulty or delay in achieving success.

- ii. [2021 MARC Transition Committee recommendations](#)
- iii. [“The Need for Employment Supports for Persons with Intellectual-Developmental Disabilities in North Carolina”](#), 2009 NC Journal of Medicine article

**iv. Service Bubble Diagram**



Source: MARC



***Federal Resources:***

- [A Framework for Community Engagement – A Pathway to Competitive Integrated Employment](#), 8/3/22 federal, Office of Special Education and Rehabilitative Services, Office of Disability Employment Policy, Administration for Community Living, Substance Abuse and Mental Health Services Administration
- Most recent federal legislation supporting CIE: [Workforce Innovation and Opportunity Act](#), 7/22/14
- Federal Register, [final regulations related to Workforce Innovation and Opportunity Act](#), 8/19/16, Office of Special Education and Rehabilitative Services, US Department of Education
- [Institute for Community Inclusion webpage](#)