***Adult Services Committee Meeting 03/10/2021***

**Welcome**

**Attendance:** Co-Chairs Angela Ellis, John Carroll, Clint Lewis and Felissa Ferrell

**In attendance:**

Jessica Adams-Jones

Trish Baker – Davidson

Heather Ball-Catawba

Tammy Bare-Cabarrus

Edwin Bass – Harnett

Dean Bethea – Lincoln

Lisa Berger-Rowan

Crystal Black – Cumberland

April Black – DHHS

LaVerne Blue – DHHS

Lauren Bissette-Nash

April Bond-Chowan

Terri Bond-Martin

Cim Brailer – Chatham

Susie Branch – Surry

Rosalind Brown-Cabbarus

Karen Calhoun-Cabarrus

Tony Carpenter – Lincoln

Tammy Chaney – Hoke

Deanna Cherry-Chowan

Dolly Clayton – Stanly

Linda Clements-Alexander

Nancy Conner – Martin

Anne Cooper-PCDSS

Melanie Corprew – Beaufort

Chelle Craig-Chowan

Adrian Daye-Alamance

Priscilla Delano – Pitt

Carye Dickerson-Rockingham

Laurie Dotson-Taylor – Buncombe

Christine Dowdell – Chowan

Tracie Downer – Ashe

Jane Dudley – Sampson

Renee Dutcher – Mecklenburg

Sean Dwyer – New Hanover

Stacey Elmes – Stokes

Felissa Ferrell – Rockingham

Lynn Fields – Sampson

Korey Fisher-Wellman – Burke

Katherine Ford – Pasquotank

Rodney Franklin-Cawtaba

Monique Freeney – Anson

Kathi Graham – DHHS

Debbie Green – Pamlico

Gregory Grier – Cleveland

Lara Gurganus-DHHS

Diane Hayden – Guilford

Caroline Hedrick – DHHS

Matthew Hillman-Burke

Alishia Holloway-Hyde

Mineko Holloway - Craven

Jenise Horton – Guilford

Samantha Hurd – Currituck

Kimberly Irvine – Yadkin

Lula Jackson – Anson

Shana Jenkins – Mitchell

Rebecca Johnson – Cleveland

Angela Jordan – Perquimans

Patrick Kuchyt-Cumberland

Melinda Lane-Columbus

Ashley Lantz – Union

Carol Larkins-Lenoir

Janella Lee – New Hanover

Robert Lee – Guilford

Lori Leggett – Beaufort

Tameka Leslie-Mecklenburg

Tamica Lyons-Cumberland Daunita Maennle-

Alison Mann-Buncombe

Brandy Mann – Tyrrell

Donna Martin – Stokes

Marcy Mays – Yadkin

La’Porscha McCullogh- Alamance

Kimberly McGuire Wayne

Jacqueline McKnight-Mecklenburg

Donza McLean – Stanly

Sharon Mcleon-Cumberland

Renae Minor – Chatham

Kailee Morrow-Alamance

Cathy Murray – Rockingham

Annie Murrell – Duplin

Shea Neal – Nash

Rebecca Neil-Bertie

Pamela Nelms – Franklin

Glenn Osborne – Wilson

Emily Parker – Union

Dena Patrick-Bladen

Carlton Paylor-Person

Andrew Payne-Franklin

Anna Perry – Edgecombe

Karey Perez-DHHS/DAAS

Valerie Phelps – Tyrrell

Kari Phillips-Sampson

Laurie Potter – Hyde

Amy Pridgen-Hamlett – Nash

Crista Ramroop – Davie

Glenda Reed-Wake

Tamkea Riggsbee-DHHS/ACLS

Cynthia Ross-Pitt

Mary Rubright – New Hanover

Beverly Ruppard – Caldwell

Julie Sebastian – Alexander

Patti Sigmon-Carter

Terah Sigman – New Hanover

Karen Steen-Richmond

Amanda Tanner-McGee-Cherokee

Gregory Tanner-Mecklenburg

Veronica Taylor-Martin

Wes Stewart – Pender

Susan Thigpen – Duplin

Amanda Vanderoef – Henderson

Lynette Wellons-Alamance

Yolanda White – Washington

Tanisa Whitehurst-Martin

Nina Williams – Wayne

Joann Windley – DHHS

Velvet Nixon – Robeson

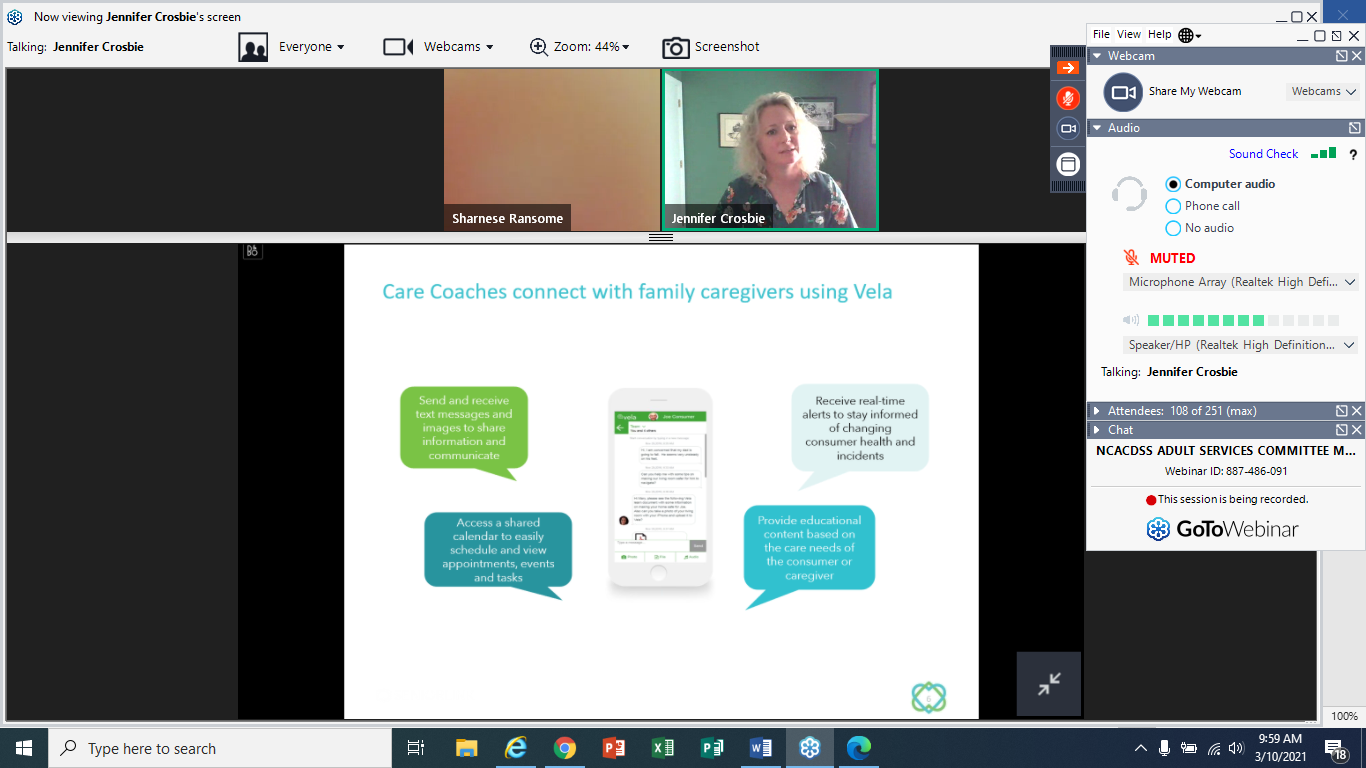
Joann Windley-Duplin

Patricia Wynn-Chowan

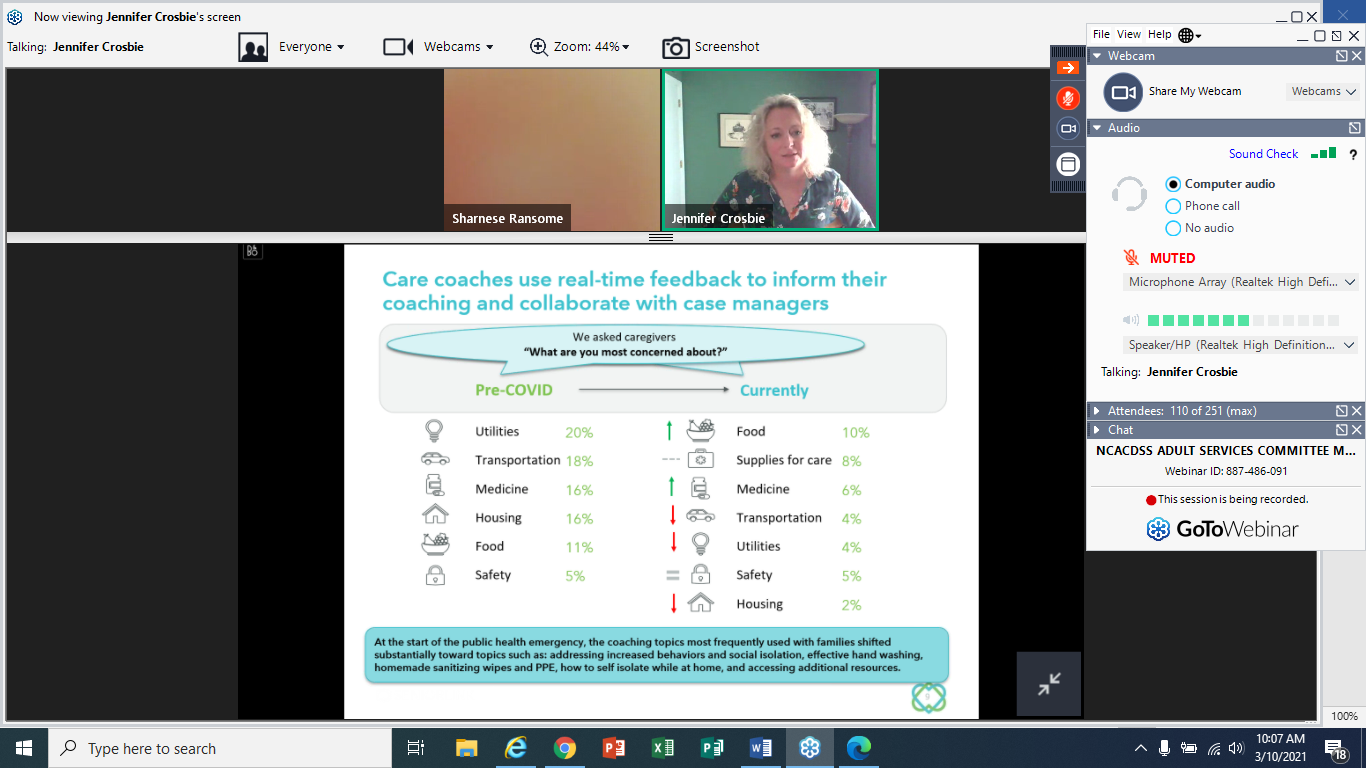
**Approval of meeting minutes:** February minutes- any changes, please email the committee

**Seniorlink –** Jennifer Crosbie, Lisa Bennett, Shannon Butler-Green, Lisa Fletcher, Sue Gray

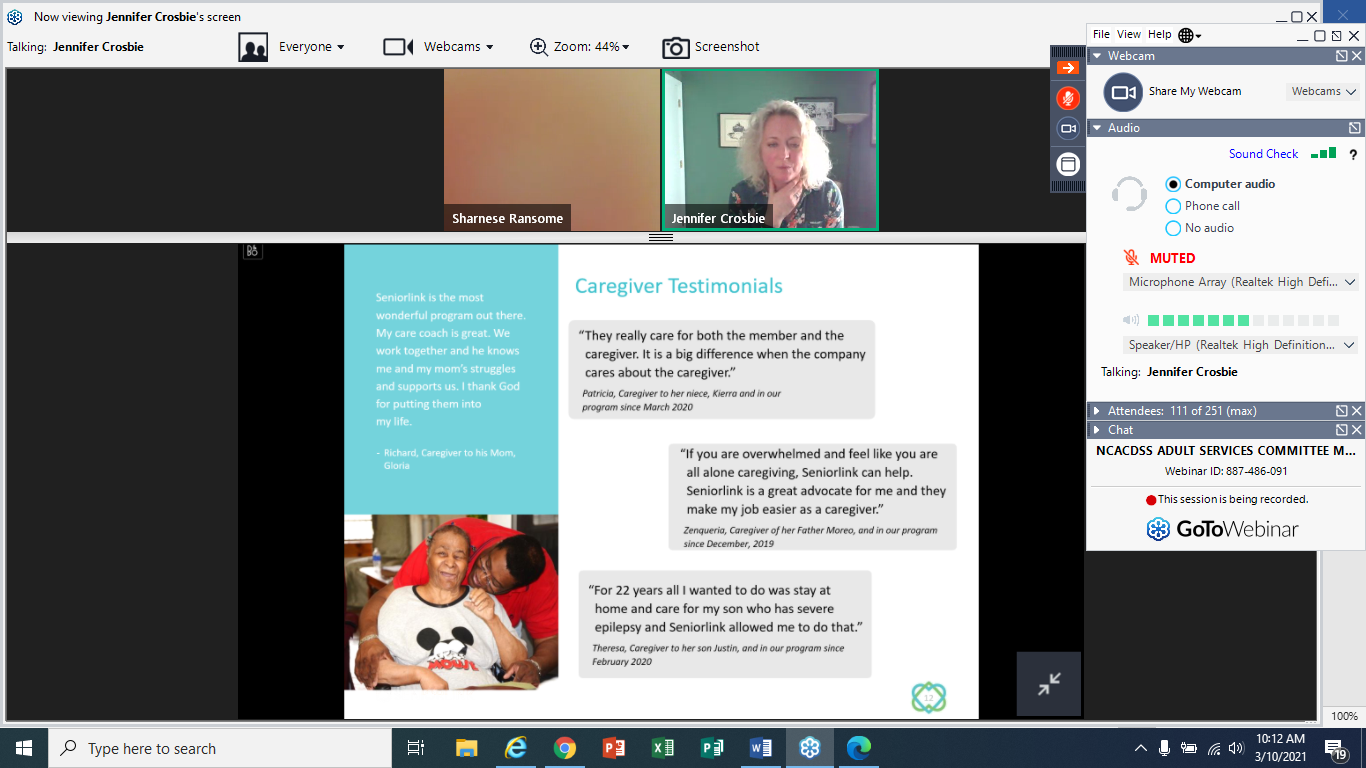
* Our system depends on family caregivers to meet the long-term care needs of individuals with disabilities and older adults. Caregivers are committed to caring for a loved one at home and they should have to do it along.
* Caregivers need training, ongoing professional support and the opportunities to share their insights on the needs of loved ones: Seniorlink helps caregivers to:
  + Provide person care safely
  + Identify and manage behaviors
  + Understand the implications and progression of complex conditions
  + Recognize signs and symptoms of changing health care needs
  + Communicate their observations, ask the right questions of health care providers, and appropriate utilize health care resources.
* Seniorlink has been providing professional support to family caregivers since 2005 in a variety of states; 7500 consumers and 11,000 caregivers in 10 states.
* The need for family caregivers continues to grow as does the imperative to support them in the role.
  + Preferences for care in the home, changes in health care practices (such as shorter hospital stays), and direct care workforce shortages are pressing family caregivers into roles for which are not prepared.
  + Managing physical and behavioral health care needs
  + Neglecting their own health and self-care
  + Increased demand for flexible and culturally informed services
  + Caregiver gaps
  + Providing some financial and professional support
* Coordinating Caregiving: a new service available through CAP/DA
* Core components of the program:
  + Receives help with daily care needs from family caregiver
  + Caregiver receives ongoing professional and financial support
  + Caregiver and home are credentialed to ensure that they meet State established criteria
  + Caregiver assessment-strengths, family focused coaching
  + Care coaches provide regular meetings through video visits, phone, etc.
  + Care coach provides updates on consumers health and behavioral health needs.
* See Example of Care Coach connecting with family caregivers using Vela



* This is a IPAA secure environment
* It is caregiver friendly
* Caregivers are more willing to share challenges and seek support, such as scheduling time for respite.
* Caregivers responded 87% of the time to questionnaires, messages, etc. This allows for caregiver-focused coaching to help improve care and services. Improves knowledge and confidence of the caregiver.
* Real-time feedback to collaborate:



* Connecting Caregivers to consistent coaching also help improve clinical outcomes for those who were being care for at home.
  + Accurate medical decision
  + More knowledge and support when there are complex care needs; reduce fall risks, ED visits, hospitalizations



* When Coordinated Caregiving is the right fit
* Consumers want trusted live-in caregivers to provide daily care and

supervision; spouses and legal guardians can participate

* Caregivers have been providing support to loved ones and need

additional support to continue their caregiving role

* Coordinated Caregiving is the right fit when caregivers would benefit

from:

* + Professional support to help manage changes in the health and care needs of

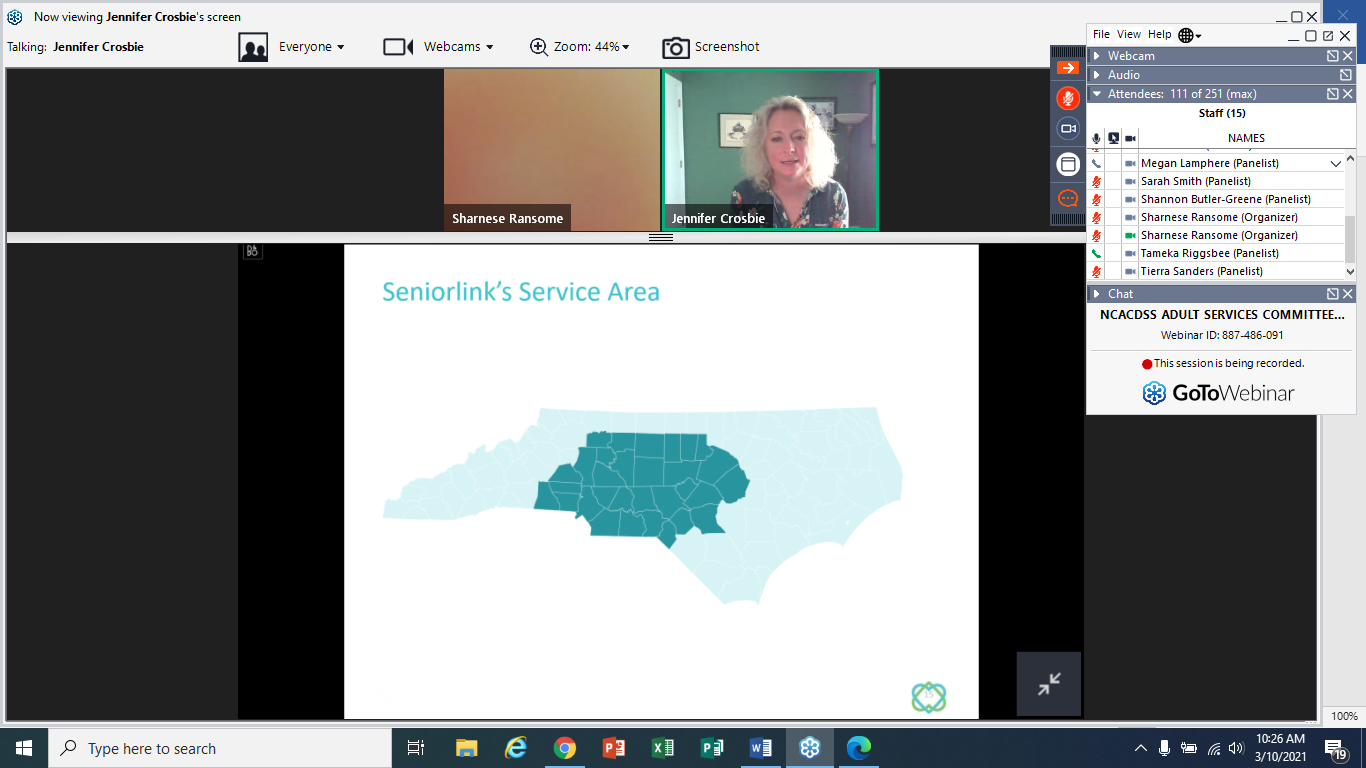
consumers and to reduce caregiver burnout

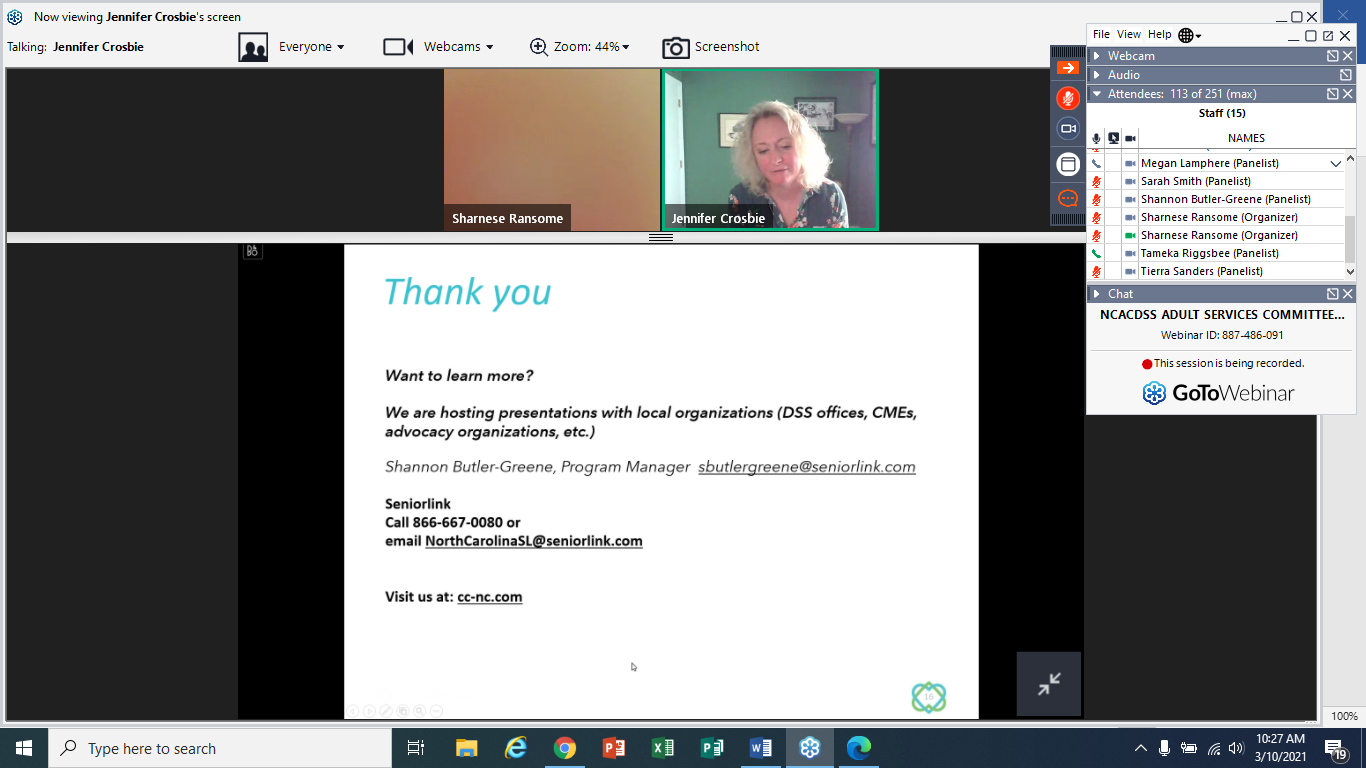
* + Help to improve their confidence and skills to communicate effectively with

clinicians and specialists

* A fixed tax-free stipend because hourly paid wages or income could negatively

impact caregivers’ access to public benefits (e.g. SSI, Medicaid, SNAP) and less burdensome administrative responsibilities (no timesheets and no EVV requirements





Questions:

* Who is eligible? The beneficiary who is Medicaid eligible, along with the clinical component at SNF LOC-CAP/DA. And a live-in caregiver who is going to be living in the home to provide the care.
* How is it funded? Medicaid, CAP/DA a fixed per diem payment; the daily Medicaid rates are Low = $34.95; High = $57.66 of which 50% gets passed onto the beneficiary.
* How do they apply? waiver eligibility
* How are these services offered? They get to choose their case management entity, so they can choose who provides that service.
* How does this program support respite? We credential alternative caregivers; to help give the primary caregiver a break. Some use the stipend to pay for a person to provide respite when needed.
* Is the person responsible for the background check cost? They pay for it
* Are there are limited number of slots? Yes, they can select the service based on availability.
* There is a wait list process, correct; do APS cases get priority? We do have priorities for families who are for members with dementia; this would be on a case by case basis.
* What is the daily rate for the service in NC? Around $57 for high level of care, $37 per day for low/moderate level of care. 50% gets passed on to the caregiver.
* Is there a limit to how many days a month they participate? No, this is an everyday of the week services. It is 7 days a week; as long as they are enrolled in the waiver.

**Partner Updates:**

* **ACLS: Tameka Riggsbee-County Liaison**

Proposed Monitoring Procedures/Plan for County DSS: It was postponed due to COVID-19. Per NCGS, County DSS is required to do quarterly visits; These are the current trends that have an impact on residents: Medication, food and nutritician, supervision, health care and staff qualifications.

The focused monitoring plan will improve consistency; to help reduce the time State is out there on rule areas on annual monitoring.

Proposed rule areas to be monitored:

* 1st quarter-fiscal plan and life/safety;
* 2nd staff training
* 3rd staff requirements
* 4th residents’ funds

The stakeholder group-meet twice in April, the monitoring tool, discuss and changes and the focus rule areas.

May 2021-the County Liaison will release a roll-out on the focus monitoring areas. Then training will be provided; the first two trainings will be in June and then the second areas will be done in July. Implementation will begin July 1.

Questions:

* Concern was voiced about the roll-out and short time frame to have staff trained and ready to monitor under the new guidelines.
* Will complaints count as monitoring? Yes, they will.
* Will County DSS review other rule areas, during monitoring, then they would either initiate a complaint or conduct a monitoring.
* Would rollout happen before the training: Yes-Stakeholders may have suggestions. Each rule area will be covered.
* How will the stakeholders be identified? Asking Directors to recommend people to DHSR and representative from counties across the state; Adult Services committee co-chairs.
* Memo? DHSR had to wait on legislation-they removed some language from the bill; so the memo will be going out next week. The Director’s will also get a summary of what the memo states.
* What should our AHS be completing right now? Training was offered in February for monitoring and complaint investigations-pharmacy, staff qualifications, etc. These suggestions are in the training to complete the desk reviews. Personal care supervision is difficult to do since it has to be on site; they will be reviewing how to be efficient when on site, if needed.
* The focus monitoring would have to be completed; even if the complaint is not in those rule areas. We would have to do an additional monitoring.
* All four areas would be monitored quarterly? So not all together but during their quarter. Fourth quarter-April, May, June.
* Starting July-will the monitoring be done in person? Off- site desk review is what is recommended at this time; will not be able to give answer today. Will have to wait on HHS on that guidance.
* SPICE-AHS and Supervisors on current Covid trends, how to use PPE and virus information-they will be sharing their experiences. Training is coming up tomorrow, March 12, 2021 at 1 pm tomorrow. Tamika will be sending out the information again tomorrow. The training will be recorded.
* **DAAS: Sarah Smith**
  + Envisioning Session-that work is wrapping up and the final document should be coming out soon (From CFS)
  + Guardianship-Email on that went out to the listserv, memo and revised scope of work. The 6 guardianship corporations had some questions on the scope of work. Updates were completed on the scope of work; the DSS’s were included in the communication with the corporations. DSS agencies wouldn’t have impact at this time; this was just an FYI. When it comes times to transition, we are available to assist. When will that transition take place? How could everyone would be impacted? COVID has delayed this but we will be having discussions in the future. Just not sure when; we would like to develop a workgroup. Question: how many individuals per county would it impact when the transition occur? We’ll let you know. Can we have that information by December this year? January is when we start to plan for our budgets. We will need to know this for budget.
  + Adult services supervisors: please make sure to complete the monthly surveys each month on SharePoint
  + Revised APS manual and forms on February 25, 2021, includes the DAAS-5026 form and APS-R Manual as well. APS evaluation new questions: Misuse of Opioids? Completed due to Conflict of interest?
  + APS cases: If you are having any particularly unique situation or something you haven’t seen before, please make sure you submit those examples through the SharePoint site.
  + Direct Express: We have met with the co-chairs around the D. E. agency, around VA and SSA benefits going on the card-difficulty getting financial records from this group. Please make your APR on any issues you are having; be specific.
  + New Staff position: Open APR position has been filled by Laura Garganus. She was the program coordinated in DAAS, but will be serving in the APR role. She will start in the next month.
  + Question on new documents: Gone over the evaluation for facility and community evaluations-they don’t function well. You can’t check them. You won’t let you cut and paste the reporter form. Sarah stated to send those concerns to her and she’ll look at them. Make sure you download the forms first before trying to cut and paste on letter.
  + Question on Opioid misuse: is it the client or the caregiver? It is either one. If there is any type of misuse by the perpetrator or the disabled adult, you would mark it yes.
  + Does DAAS have a timeframe to start doing home visits again? We don’t have any information on this at the moment. We are monitoring this closely. We’ll put out information when we have something to put out.
* **DMH/DD/SAS: Lisa Jackson**

Behavioral Health Urgent Care (BHUC)/Facility Based Crisis Centers (FBC) Updates

Randolph County Update

* + Outpatient In operation
* Behavioral Health Urgent Care (23-Hour Observation Chairs)
* Hiring/Orientation/Training Completed
* Soft opening during first week in March 2021
* Full opening mid-March 2021Facility Based Crisis Center
* Staff hiring completed
* On March 2, 2021, the DHSR Licensure Section conducted a virtual inspection.
* The review was successful and DHSR will be issuing a license to operate the 16 Facility Based Crisis beds.
* Opening Date – Pending receipt of actual DHSR license, Sandhills Center and Daymark will establish soft/full opening dates during the month of March 2021.

Richmond County Update

* Outpatient In operation
  + Behavioral Health Urgent Care (23-Hour Observation Chairs)
* Soft opening during first week in March 2021
* Opening mid-March 2021
* Child Facility Based Crisis Center
* Hiring of staff to be completed end of March 2021
* Application for licensure to be submitted April 2021
* DHSR License Review April 2021
* Opening May 2021

Sandhills Center’s Child Facility Based Crisis Center (in Guilford County)

* NC DHSR Inspection Completed – January 29, 2021
* DHSR Licensure inspection will occur once DHSR Construction has cleared the project.
* Guilford County is also nearing completion of its Adult Facility Based Crisis Center across the street from the Child Facility Based Crisis Center.

**Two New State Funded Service Definitions:**

**Day Supports:** Day Supports is a group service that provides assistance to individuals 16 years of age and older with acquisition, retention, or improvement in socialization and daily living skills; an eligible individual shall be enrolled with the LME-MCO and meet the criteria for the IDD or TBI state-funded Benefit Plan.

**Community Living and Support:** Community Living and Support is an individualized service that enables an individual 16 years of age and older to live successfully in his/her own home, the home of his/her family or natural supports and be an active member of his/her community; an eligible individual shall be enrolled with the LME-MCO and meet the criteria for the IDD or TBI state-funded Benefit Plan.

**Federally Supported COVID-19 Community Vaccination Center in Greensboro**

* North Carolina is establishing a COVID-19 vaccination center in North Carolina, in partnership with the federal government.
* The FEMA-supported COVID-19 Community Vaccination Center will open at Four Seasons Town Centre in Greensboro on Wednesday (March 10) and will remain open for 8 weeks.
* It will operate seven days a week with the capacity to provide up to 3,000 vaccinations per day, with options for drive-thru service in the parking lot and walk-in service in the space formerly occupied by Dillard's department store.
* Schedule your appointment now if you are in Groups 1, 2, or 3
* Eligible members of the public can make appointments online for a vaccine at the federally supported COVID-19 Community Vaccination Center in Greensboro at Four Seasons Town Centre:
* Appointments can be made online by visiting GSOmassvax.org
* North Carolina is setting aside half of all vaccination appointments from March 10th through March 14th (7,500 appointments) at the Four Seasons Town Centre site to help ensure individuals from Historically Marginalized Populations are able to access vaccine appointments.
* Additional appointments are available through our call center for those who are not able to access the web-based registration tool. Appointments may be scheduled by phone (888-675-4567) through the COVID-19 Help Center (Monday to Friday from 7am to 7pm, Saturday to Sunday from 8am to 4pm).
* If you are in a currently eligible group, based on North Carolina’s vaccine prioritization, you will be able to make an appointment. North Carolina is currently providing vaccinations for people in Groups 1, 2 and 3, including frontline essential workers, people age 65 and older, health care workers and long-term care residents, among others. Detailed information about each vaccine group is online at YourSpotYourShot.nc.gov (English) or vacunate.nc.gov (Spanish).

**Disengagement Requests**

* Orange county - moving forward – their disengagement plan posted for public comment on 2/16/21
* Alliance board has reviewed Orange county’s, and passed a resolution Thursday to approve the plan and realignment with Alliance proposed transition date of January 1, 2022 (but the Secretary would have to approve this request)

A big ***thank you*** to Clint Lewis for his service on the Adult Services Committee for the past several years. Clint will be retiring at the end of the month. Thank you for all that you have done to assist vulnerable adults in North Carolina. We wish you the best in your retirement!