***Adult Services Committee Meeting 02/10/2021***

**Committee Chairs:** Angela Ellis-Martin County, Clint Lewis-Carteret County and Felissa Ferrell-Rockingham County. Excused-John Carroll-Rutherford County

**In attendance:**

Trish Baker – Davidson

Sharon Barlow – Guilford

Edwin Bass – Harnett

Dean Bethea – Lincoln

Crystal Black – Cumberland

April Black – DHHS

LaVerne Blue – DHHS

Leo Bohland – Mecklenburg

Cim Brailer – Chatham

Susie Branch – Surry

Linda Brumsey-Moore – DHHS

Tony Carpenter – Lincoln

Tammy Chaney – Hoke

Dolly Clayton – Stanly

Barbette Colvin – New Hanover

Nancy Conner – Martin

Michael Coone – Gaston

Melanie Corprew – Beaufort

Scott Craver – Davidson

Karen Crowder – Union

Tonja Davis – Craven

Priscilla Delano – Pitt

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 – Catawba

Monique Freeney – Anson

Chiquita Gooding-Register – New Hanover

Faith Goss – Camden

Kathi Graham – DHHS

Debbie Green – Pamlico

Gregory Grier – Cleveland

Clifton Hardison - Washington

Gina Harris – Carteret

Michael Harris – Hyde

Diane Hayden – Guilford

Caroline Hedrick – DHHS

Mineko Holloway - Craven

Jenise Horton – Guilford

Samantha Hurd – Currituck

Kimberly Irvine – Yadkin

Lula Jackson – Anson

Shana Jenkins – Mitchell

Rebecca Johnson – Cleveland

Angela Jordan - Perquimans

Angi Karchmer – Gaston

Kristina Kiska – Jackson

Ashley Lantz – Union

Janella Lee – New Hanover

Robert Lee – Guilford

Lori Leggett – Beaufort

Ruth Lockman – Lincoln

Gloria Loftin – Catawba

Brandy Mann – Tyrrell

Donna Martin – Stokes

Marcy Mays – Yadkin

Kimberly McGuire – Wayne

Debbie McGuire – Rockingham

Donza McLean – Stanly

Sharon McLeod – Cumberland

Renae Minor – Chatham

Cathy Murray – Rockingham

Annie Murrell – Duplin

Shannon Myers – Mecklenburg

Shea Neal – Nash

Pamela Nelms – Franklin

Rich Ohmer – Brunswick

Glenn Osborne – Wilson

Emily Parker – Union

Anna Perry – Edgecombe

Carolyn Perry - ?

Joni Perry – Cumberland

Valerie Phelps – Tyrrell

Laurie Potter – Hyde

Amy Pridgen-Hamlett – Nash

Crista Ramroop – Davie

Marlana Riley – Yadkin

Jill Roberts – Halifax

Cynthia Ross – Pitt

Mary Rubright – New Hanover

Beverly Ruppard – Caldwell

Julie Sebastian – Alexander

Terah Sigman – New Hanover

Yvette Smith – Iredell

Wes Stewart – Pender

Susan Thigpen – Duplin

Artelia Trice – Vance

Amanda Vanderoef – Henderson

Toni Welch – Randolph

Yolanda White – Washington

Michelle Williams – Graham

Nina Williams – Wayne

Joann Windley – DHHS

Anne Cooper – Pasquotank

Preston Craddock – Greene

Chellle Craig – Chowan

Daina Frederick – Rowan

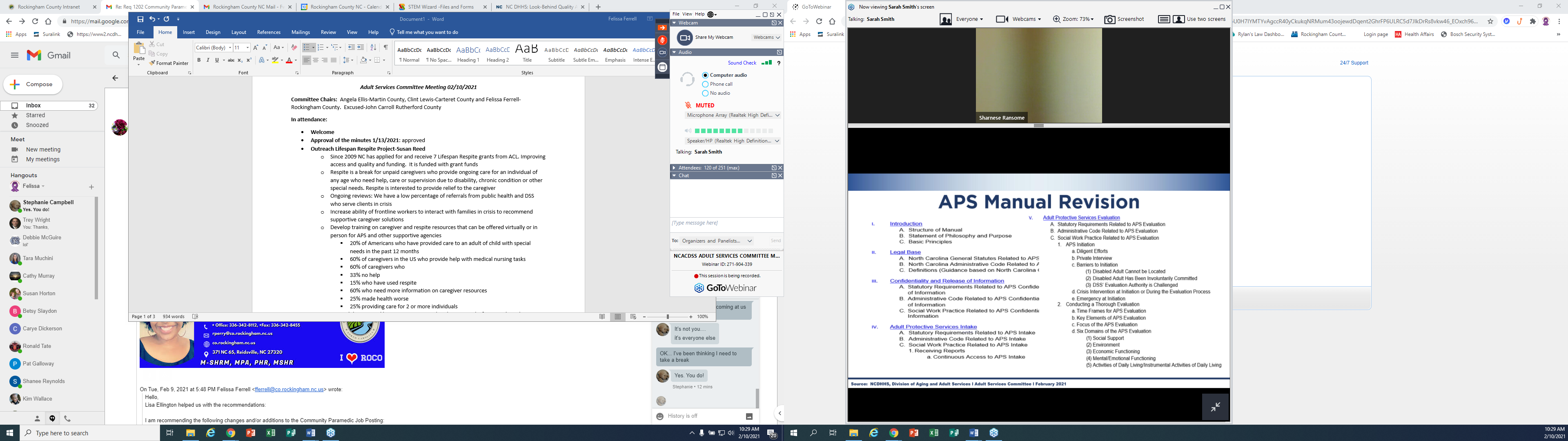
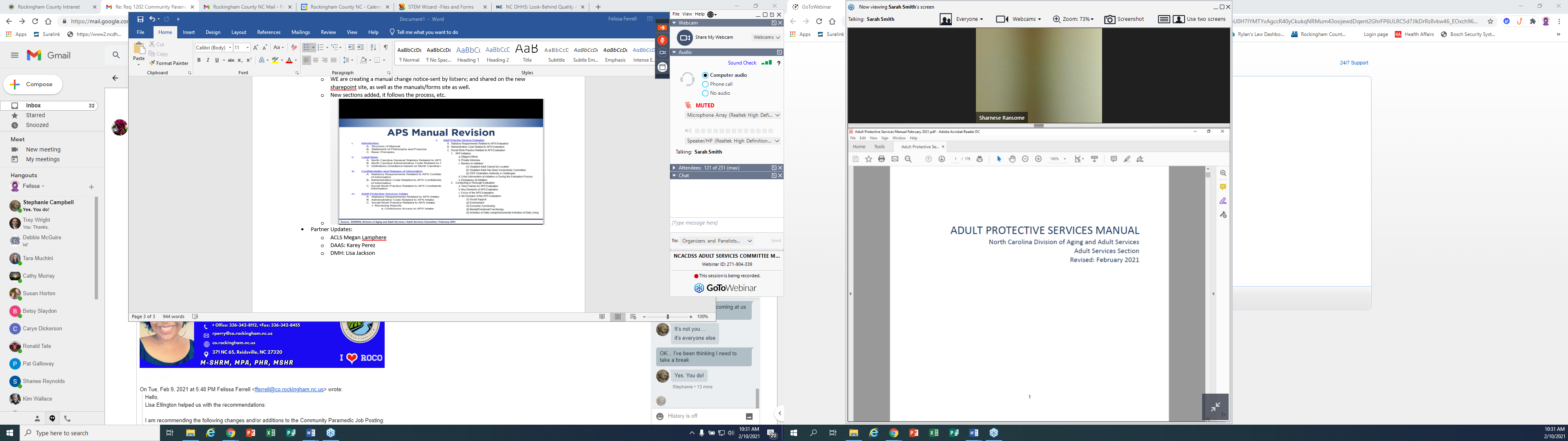
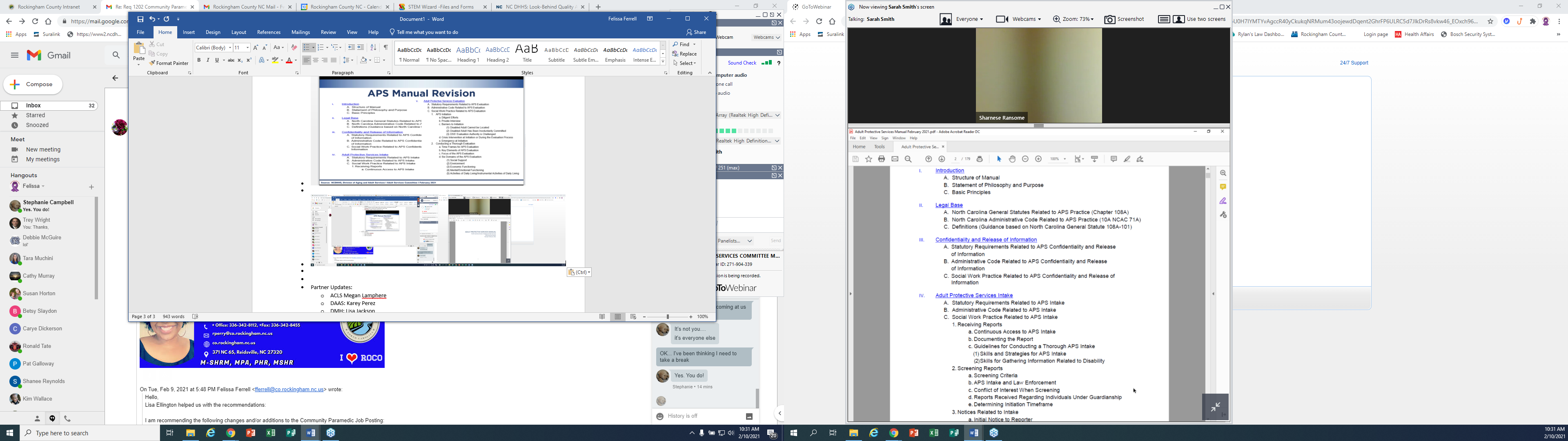
Lori Langley – Currituck

Velvet Nixon – Robeson

Tammy Schrenker – Moore

Karen Steen – Richmond

Veronica Taylor – Martin

* **Welcome**
* **Approval of the minutes 1/13/2021**: approved
* **Outreach Lifespan Respite Project-Susan Reed**
  + Since 2009 NC has applied for and receive 7 Lifespan Respite grants from ACL. Improving access and quality and funding. It is funded with grant funds
  + Respite is a break for unpaid caregivers who provide ongoing care for an individual of any age who need help, care or supervision due to disability, chronic condition or other special needs. Respite is interested to provide relief to the caregiver
  + Ongoing reviews: We have a low percentage of referrals from public health and DSS who serve clients in crisis
  + Increase ability of frontline workers to interact with families in crisis to recommend supportive caregiver solutions
  + Develop training on caregiver and respite resources that can be offered virtually or in person for APS and other supportive agencies
    - 20% of Americans who have provided care to an adult of child with special needs in the past 12 months
    - 60% of caregivers in the US who provide help with medical/nursing tasks
    - 60% of caregivers who are employed full or part-time while caregiving
    - 33% who report they do not get any help to care for loved ones
    - 15% who have used respite
    - 60% who need more information on caregiver resources
    - 25% stated that caregiving made their health worse
    - 25% providing care for more than one individual
  + 1 in 5adults reported having a caregiver within the 12 months for special needs
  + 100000 have primary responsibility for grandchildren who live with them
  + 71% of ducats with IDD live in at home
  + Care they provide-PCS, household chores, transportation, supervision for challenging behaviors, emotional support, etc.
  + 60% of caregivers are performing medical/nursing tasks for care recipients with multiple chronic physical and cognitive conditions
  + These tasks include managing meds, etc.
  + Caregivers are at greater risks: depression, guilt, anger, denial, declines physical health, strained family relationships, sleep disorders, anxiety about angina, difficulty carrying out responsibilities, neglect self, work absenteeism, loss of friendships, isolation, etc.
  + Respite can help: they can run errands, relax, go to the doctor, support family stability, prevent potential abuse and neglect, reduce burnout, break for care recipients to interact with someone else
  + Can be provided at home by a friend, neighbor, family member or a paid agency. IT can also be provided at a group care giving setting-FCH, Adult care care/day health, etc.
  + How is it paid for? Private pay, Hospice Medicare Benefit, Medicaid Waiver programs (CAPS DA), State Adult Day care, HCCBG, Family caregiver support program, Project Care, VA, First in Families etc.
  + AARP surveys request respite but 85% have never used it. Can’t afford it, no one to do it or do it right, it’s a family duty, saving for an emergency, worker isn’t trained to handle the care, uncomfortable having a worker in their home, uncomfortable sending them to a group respite
  + Strategies to help caregivers to use respite: Don’t wait for them to self-identify-ask them. Suggest a trial plan, set a goal on how to use respite time, give them information on respite, have them get an application and complete it.
  + Respite shows that caregivers feel less burden and more satisfaction with caregiving role
  + Goas include: do what you have always enjoyed doing, things you did before you were a caregiver, religious or spiritual meaning, reduce stress, use the time more regularly
  + Pandemic has made it more difficult due to places being close, weather hasn’t been cooperative, etc.
  + Lifespan Respite Vouchers-reimburses up to $500 in respite services per year to unpaid primary caregivers caring for individual of any age. For those who are falling through the cracks
  + NC DAAS-contracts with High Country AAA to manage it
  + Vouchers are access through [www.highcountryaging.org](http://www.highcountryaging.org) They much be completed by a referring agency professional. Includes: DSS, LME/MCOs, Physicians, hospitals, etc.
  + Caregiver has to be 18, resident of NC, must be unpaid, cannot be receiving publicly funded in home care or respite care, including adult day care/day health. Those on waiting lists are eligible.
  + Priority for LIFESPAN-those with most economic need, direct care and how have not received any publicly funding respite in 3 months. They have to use it in 90 days, hire and screen respite provider, pay for the services in advance prior to the funding coming in for the reimbursements, complete required paperwork.
  + Information is on the website to walk you through the process
  + Why vouchers matter-some attestations of those who used it-very positive comments.
  + Question: If there is a finding of caregiver neglect, can that same caregiver be able to access the respite-Yes, as long as they are still caregiving with that person. (frustration from caregiver).
  + Can it be used for a week’s vacation? Respite is up to $500; it could cover a week, but has to be at least minimum wage, etc.
  + How many people able to serve in the past year: 237 individuals service in one year
  + Turnaround time for the application is quick
  + [Susan.reed@dhhs.nc.gov](mailto:Susan.reed@dhhs.nc.gov) 919-855-4988-NC DAAS Alicia Blater Dementia Services Coordinator and Lifespan Director [Alicia.blater@dhhs.nc.gov](mailto:Alicia.blater@dhhs.nc.gov) 919-855-3413
* APS Manual Revision Update-Sarah Smith
  + NC DAAS staff, counties involved in workgroup meetings, good feedback, etc. worked together, along with frequent listserv questions.
  + Manual sneak peak
  + WE are creating a manual change notice-sent by listserv; and shared on the new SharePoint site, as well as the manuals/forms site as well.
  + New sections added, it follows the process, etc.
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  + Hyperlinks added
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  + Added in subsections
  + All 6 function domains
  + Section on APS in facilities
  + Evaluation section is detailed
  + Special circumstances section-thing seen by APRs in their reviews, listserv questions, etc.
  + New appendices
  + 108 A statute is in the beginning of the manual; then administrative code, then guidance
  + Forms are hyperlinked in the different sections of the manual
  + Will there be a refresher training to go over the manual? Yes, there will be training.
  + Will the training happen before the changes occur? Sarah stated this should all be happening about the same time.
  + Revised manual looks great!
* Partner Updates:
  + ACLS Megan Lamphere
    - Working on the permanent rules for the ACH/FCH around infection prevention and control. Those temporary rules are good for 270 days; we are working on those to be permanent rules. Those will be going to the medical review meeting for review and to hopefully move forward. The process is about 9 months; hoping to move forward with it by March. Will you need to amend those rules after the pandemic? The pandemic is the reason why we have put them in place; we took out some of the language that was specific around COVID, but instead, it will cover basic infection prevention and control in an effort to protect residents. The rule will remain the same, such as with flu. It will be all encompassing for any type of outbreaks; not just COVID. The point of the rule is to keep residents and staff safe; there was concern that facilities were saying that it was only guidance. There has some pushback from providers.
    - Contact Tameka for further questions: Session law 20-2023-prohibited monitoring by DSS, complaint investigations, DHSR annual monitoring, etc. This expired December 31, 2020. We are back as business as usual. We have a lot of outbreaks still in our adult care homes. So, we need to think about how we are conducting our monitoring and complaint investigations. The quarterly monitoring-as much as possible-via as desk review. Complaint investigations-131D -126-when to be initiated-24 hours for abuse, 48 for neglect and any other within two weeks. We are recommending they also do these as desk review as much as possible. Sometimes you will need to go on site to a facility depending on the issue/complaint. Your staff will need to have PPE; and that your staff has had training on infection/prevention control. You have access to your local health departments for training as well.
    - Question: When will be getting something in writing? Megan stated she is waiting for approval to send out the memo. The law does apply to you to do regular and complaint monitoring. There is some training that has been developed on the infection control rules and how we will investigate those rules. And how to complete a desk review on those complaints. It gives steps on how you go out on the site. Please make sure you staff sign up for these trainings. We are trying to limit our footprint in facilities until we see a decrease in the number of cases of COVID in our communities. When your staff get a complaint, please make sure they reach out to the regional team supervisors to staff these complaints to determine if we do a desk review versus on site. If you go on site-limit the time to just observation, like two hours and do the rest by desk review with the documentation. Tameka will be sending out another email reminding everyone of the trainings.
    - Question: We were told not to monitor until the memo came out? Choose an area to monitor and do a desk review, such as staff qualifications, but please go ahead and start reviews. Megan stated she’s been waiting for the approval of the memo; we know this is a new process and so we will be working with you and your staff realizing that some of this is hard to do as a desk review.
  + DAAS: Sarah Smith
    - Completed in the Envisioning Sessions this month; thank you from counties on your partnership. Good ideas to start on our action plan. CFS helped us organize the ideas from the envisioning session so we can get that plan out to the counties.
    - Special Assistance and Adult Services Statewide meetings
    - SharePoint Site: We introduced our SA -connect with DAAS staff, information on training, counties in your region, information on your trainings, etc. Planning to add more features to this site. Enter new staff information in the monthly surveys so we can get them added to the site. Reconciled on a monthly basis.
    - Adult Services forms: Going on the SharePoint site this month. And will be in the manual. Manual will be on SharePoint and the DHHS manuals site.
    - Reminders: Adult Services trainings will be virtual through June 2021
    - Question: SharePoint-can that be for all adult services staff? It is a secure website, so the only employees would be able to access it, but they have to be given access by our division
    - When will the updated forms be put in place? All that information will be in the change notice that will be coming out. Information is forthcoming
    - COVID deaths of those who are older adults-do we have figures on this information? Are we monitoring those who are homebound? Isolation? Suicides? Concerns about if an older adult dies, no one really looks into it. We know that COVID is having an impact. Please share information on innovative way other states are reaching out to our older adults during the pandemic.
  + DMH: Lisa Jackson
    - Debbie Webster is our geriatric mental health; Lisa will see if there is any data on isolation, deaths, due to COVID
    - No final decisions from HHS Secretary-Partners LME/MCO to approve Cabarrus, Stanley and Union re-alignment; Partners LME/MCO scheduled a special board meeting for this week to approve Stanley, Cabarrus, and Union realignments; Board resolution to approve realignment is just one of the items needed for county submission to the Secretary for approval.
    - All 7 LME/MCOs did respond to the tailor plan; still in the silent period for this response. Submissions were due 2/2.
    - The Division is ramping back up work on improving Person Centered Plans; there is an internal work group that is being spearheaded by Assistant Directors, Dr. Michelle Laws and Renee’ Rader. The group is exploring how the PCP can be strengthened, making it a quality product and process that would actually be a useful tool to support members in realizing their goals.
    - The Division’s DEI (Diversity Equity Inclusion) Council is celebrating February as Black History Month each Wednesday by hosting a series of lunch-and-learn sessions featuring current topics related to the intersections of race, gender, disability, and geography and health equity. Division has an equity and inclusion council-for more information, please [Lisa.Jackson@dhhs.nc.gov](mailto:Lisa.Jackson@dhhs.nc.gov)
    - Webinar from 3-4pm on February 11 hosting a webinar an overview of the foster care plan. It will highlight now it will address challenges, seamless services, enrollment, quality, etc.

Adjourn 11:28 AM.