**Adult Services Committee Meeting December 8, 2021**

Co-Chairs: Angela Ellis, Brandy Mann, Felissa Ferrell

Attendees:

Adrian Black

Adrian Daye

Alex Showalter

Alishia Holloway

Amanda Taner-McGee

Amanda Smith

Andrew Payne

Angela Ellis

Angela Spencer

Angie Phillips

Anna Perry

Anne Cooper

Annie Murrell

Anthony Hodges

April Black

Ashley Lantz

Brandy Mann

Bridgett Autry

Brittany Borders

Brooke Blanton

Carol Larkins

Carolyn Perry

Catherine Goldman

Cathy Murray

Chiquita Gooding-Register

Christine Dowell

Clifton Hardison

Constance Gerald

Crista Ramroop

Cynthia Ross

Daina Fredrick

Daunita Maennle

David Richmond

Dean Bethea

Debbie McGuire

Debbie Green

Dena Patrick

Diane Hayden

Dolly Clayton

Donza McLean

Edwin Bass

Elizabeth Childers

Emily Parker

Felicia Exum

Felissa Ferrell

Gina Harris

Glenn Osborne

Heather Skeens

Heather Ball

Janeen Gordon

Janella Lee

Jannon VonHonk

Jennifer Teague

Jerricke Fontenette

Joanne Otuonye

Jonah Williams

Joni Perry

Joshua Stutts

Karen Young-Shaver

Karen Crowder

Karen Steen

Karen Harrington

Karey Perez

Kathi Graham

Katie McCarron

Kim Marion

Kim McGuire

Kimberly McRae

Kimberly Fisher

Kirsten Poythress

Korey Fisher-Wellman

Kristin Bonoyer

Kristy Perry

LaDawn Pearson

LaPorscha McCullough

Lara Gurganus

Latoya Heath

Lauren Bissette

Laurie Jones

Laurie Potter

Leah Armstrong

LeAnn McKoy

Leasa Park

Lisa Jackson

Lisa Osborne

Lori Leggett

Lula Jackson

Lynette Wellons

Lynn Swett

Makkita McKoy

Marcy Mays

Mardrecius Edwards

Joann Windley

Melanie Corprew

Melinda Lane

Melissa Switzer

Melissa Hill

Michael Barbee

Michelle Miller

Monica Smith

Nancy Conner

Nedra Williams

Nina Williams

Pamela Nelms

Patricia Pughwynn

Peg Argent

Preston Craddock

Priscille Delano

Rebecca Neil

Rebecca Johnson

Rich Ohmer

Rick Hall

Robert Lee

Rodney Franklin

Ryan Garcia

Sarah Richardson

Sean Dwyer

Shana Jenkins

Shannon Myers

Shannon Bradshaw

Sharon McLeod

Stephen Blews

Tameka Riggsbee

Tamica Lyons

Tammy Lance

Tammy Chaney

Teresa Hargett

Tracy Corn

Trish Baker

Valerie Phelps

Wendy Stanton

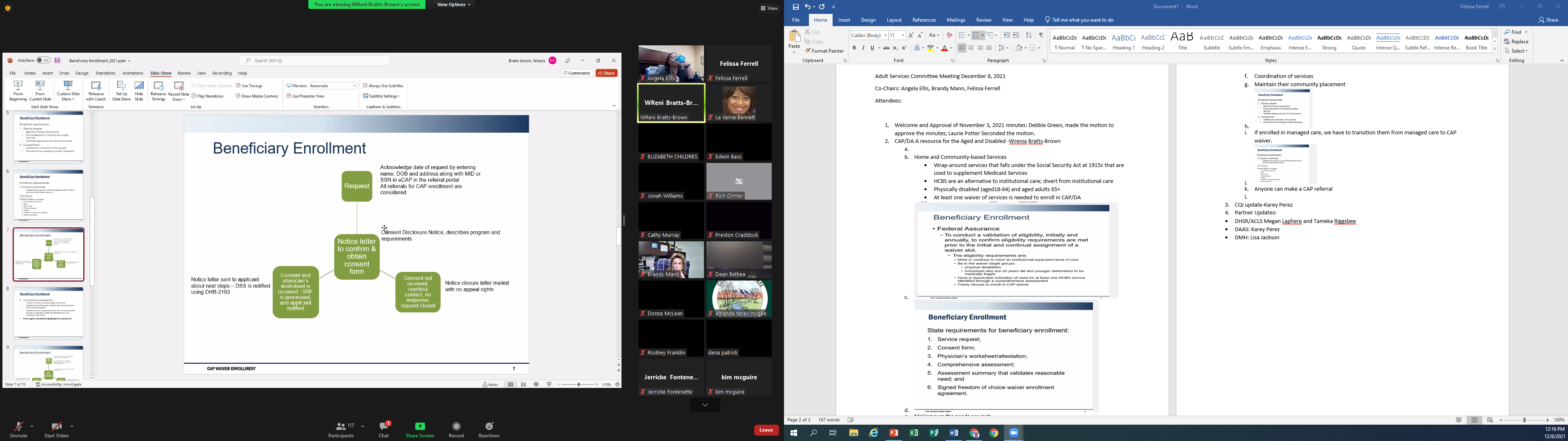
Wreni Bratts-Brown

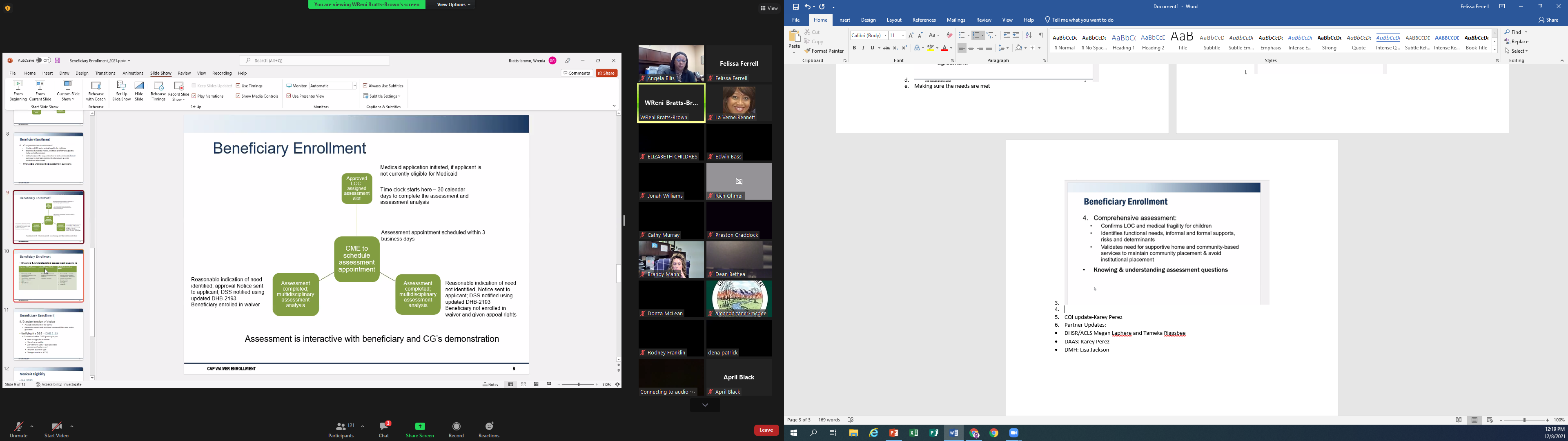
Yolanda White

Yvette Smith

1. **Welcome and Approval of November 3, 2021 minutes:** Debbie Green, made the motion to approve the minutes; Laurie Potter Seconded the motion.
2. **CAP/DA A resource for the Aged and Disabled -Wrenia Bratts-Brown**
   * Home and Community-based Services

* Wrap-around services that falls under the Social Security Act at 1915c that are used to supplement Medicaid Services
* HCBS are an alternative to institutional care; divert from institutional care
* Physically disabled (aged18-64) and aged adults 65+
* At least one waiver of services is needed to enroll in CAP/DA
  + Beneficiary Enrollment
* Conduct validation of eligibility; initial and annually; confirm eligibility requirements
  + - Meet level of care
      1. Have a physical disability
      2. 20 years and younger, medically fragile
    - Have a reasonable indication of need for at least on HCBS service identified through a comprehensive assessment
    - Freely choose to enroll in CAP Waiver
    - Service request
    - Consent Form
    - Physician’s worksheet/attestation
    - Assessment summary that validates reasonable need
    - Signed freedom of choice
    - Meet due process requirements
    - Permits Medicaid to individualize budget planning
    - Making sure the needs are met
    - Free exchange of health information
  + Coordination of services
    - Maintain their community placement
    - If enrolled in managed care, we have to transition them from managed care to CAP waiver.
  + Beneficiary Enrollment
    - Physician’s worksheet
    - CAP referral-important demographic information
    - Comprehensive assessment will confirm LOC and medical fragility for children
    - Identifies function needs, information and formal supports, risks and determinants
    - Maintain community placement and avoid institutional placement
    - Anyone can make a CAP referral
    - DHB Form2193 notifies DSS
      1. Apply for Medicaid
      2. Waitlist
      3. Date of Assessment; CAP effective date
      4. Program approval type
      5. Changes in Status
    - Agrees to follow the rights and responsibility of the policy guidelines
    - Annual reassessment; inform that the service is still needed. Status changes, such as hospitalizations, if they go to a nursing facility or disenrolls from CAP/DA
    - 2019 we opened up for multiple case management agencies per county; we did that to allow CAP/DA to select the agency of their choice.
    - Annual review; however, during Pandemic PHE, an option to waive that annual review. You may not get the form to the DSS; but they still need to notify DSS that the person is continuing with CAP/DA services.

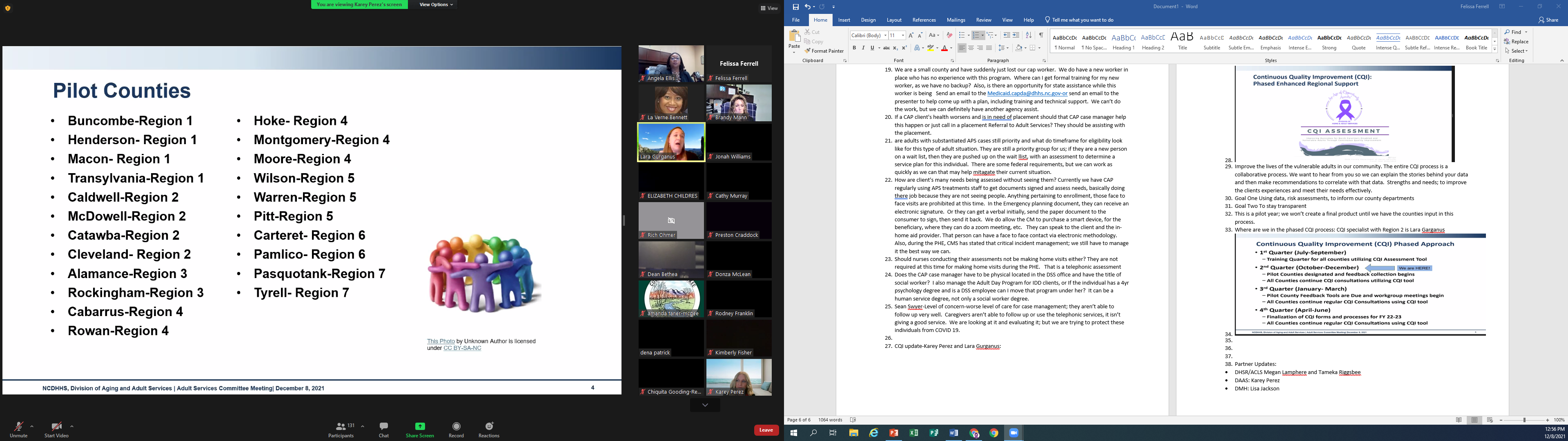
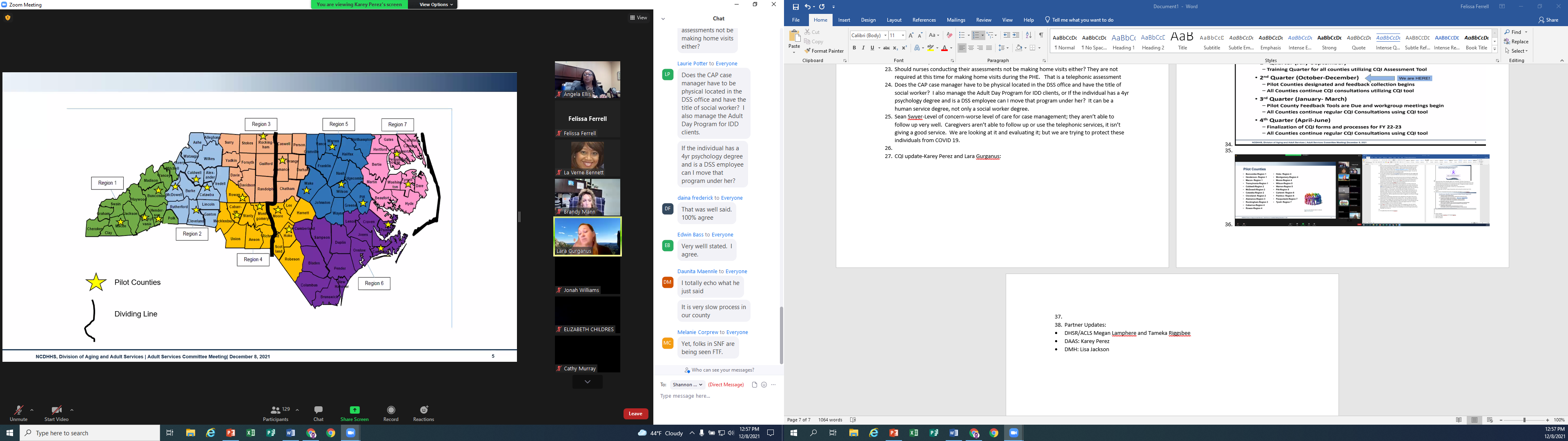
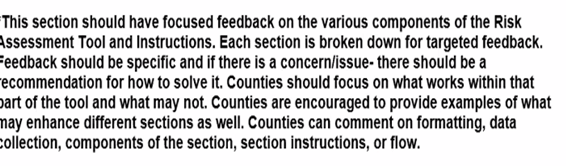




* There is a dedicated CAP/DA email address [Medicaid.capda@dhhs.nc.gov](mailto:Medicaid.capda@dhhs.nc.gov)
* 919-855-4340 is the contact number for CAP/DA program
  + QUESTIONS
* *Can you talk about the requirements for the electronic verifications for the caregivers in this program?* Electronic visit verifications-it is mandatory for all states. We rolled this out on January 1, 2021. There are some restrictions, due to it being a home and community-based program. The paid caregiver is excluded from recording an Electronic verification. Captures the person reports and ends their shift and the service they are rendering in the home. Respite worker would have to record their visit.
* *Are CAP case managers seeing client's again*? No, not right now. Appendix K-Emergency planning document-extended through March 12, 2022 due to the vulnerability of the population that we serve. If the PHE ends at the federal level, then the states will have to transition back to a normal process within 6 months.
* *We are a small county and have suddenly just lost our cap worker. We do have a new worker in place who has no experience with this program. Where can I get formal training for my new worker, as we have no backup? Also, is there an opportunity for state assistance while this worker is being trained?*  Send an email to the [Medicaid.capda@dhhs.nc.gov-or](mailto:Medicaid.capda@dhhs.nc.gov-or) send an email to the presenter to help come up with a plan, including training and technical support. We can’t do the work, but we can definitely have another agency assist.
* *If a CAP client's health worsens and the person needs a placement should that CAP case manager help this happen or just call in a placement Referral to Adult Services?* They should be assisting with the placement.
* *Are adults with substantiated APS cases still priority and what do timeframe for eligibility look like for this type of adult situation?* They are still a priority group for us; if they are a new person on a wait list, then they are pushed up on the wait list, with an assessment to determine a service plan for this individual. There are some federal requirements, but we can work as quickly as we can that may help mitigate their current situation.
* *How are client's many needs being assessed without seeing them?* Currently we have CAP regularly using APS treatments staff to get documents signed and assess needs, basically doing there job because they are not seeing people. Anything pertaining to enrollment, those face to face visits are prohibited at this time. In the Emergency planning document, they can receive an electronic signature. Or they can get a verbal initially, send the paper document to the consumer to sign, then send it back. We do allow the CM to purchase a smart device, for the beneficiary, where they can do a zoom meeting, etc. They can speak to the client and the in-home aid provider. That person can have a face to face contact via electronic methodology. Also, during the PHE, CMS has stated that critical incident management; we still have to manage it the best way we can.
* *Should nurses conducting their assessments not be making home visits either?* They are not required at this time for making home visits during the PHE. That is a telephonic assessment.
* *Does the CAP case manager have to be physical located in the DSS office and have the title of social worker? I also manage the Adult Day Program for IDD clients, or If the individual has a 4yr psychology degree and is a DSS employee can I move that program under her?*  It can be a human service degree, not only a social worker degree.
* *Level of concern*-*worse level of care for case management; they aren’t able to follow up very well. Caregivers aren’t able to follow up or use the telephonic services, it isn’t giving a good service.* We are looking at it and evaluating it; but we are trying to protect these individuals from COVID 19.

1. **Continuous Quality Improvement: Phased Enhanced Regional Support: update-Karey Perez and Lara Gurganus**

Improve the lives of the vulnerable adults in our community. The entire CQI process is a collaborative process. We want to hear from you so we can explain the stories behind your data and then make recommendations to correlate with that data. Strengths and needs; to improve the clients experiences and meet their needs effectively.

* + Goal One Using data, risk assessments, to inform our county departments
  + Goal Two To stay transparent
* This is a pilot year; we won’t create a final product until we have the counties input in this process.
* Where are we in the phased CQI process: CQI specialist with Region 2 is Lara Garganus
  + First quarter-training quarter
  + Second quarter-Pilot counties designated and feedback collection started, all counties CQI consults with the tool
  + Third Quarter-pilot county feedback tools will be due, workgroup meetings begin, all counites continue regular consultations
  + Fourth Quarter-Finalizing the CQI forms and processes for FY 22-23; all counties continue regular consults
* 
* 
* Feedback to help with improvement in practice
* Some counties are using information for a recommendation of new positions due to what is found in their CQI.
* Make sure if you have a concern, include a possible solution.
* It is a blend of statute and policy
* All the rubrics, scoring is on SharePoint. Is there something you want to add? PLEASE LET US KNOW!!
* RISK ASSESSMENT: This is its own section and it will be rendered once a year:
* 
* Next Steps: Know your Point of Contact/Pilot County, Review the feedback tool and provide input and share successes, recommendations, advantages and disadvantages

1. **Partner Updates:**

* **DHSR/ACLS Megan Lamphere and Tameka Riggsbee**
  + DHSR-Tameka-We have an outstanding number of providers who have not renewed their facility license online; these will expire on December 31, 2021. I may be asking the AHS to assist with follow up and to have these facilities renew.
  + Updated notice of statewide waivers-Released on December 3; it supersedes the April 2020 waiver.
  + Question: *When will counties be sent the list of facilities that have not renewed their licenses?* In about a week or two, before the holidays.
* **DAAS: Karey Perez**
  + This is due today-AS monthly Survey
  + AS Annual Survey Report-final draft under review; there is some issues with a few counties data and we are trying to address this so we can make sure we can allocate these funds. We are trying to finalize this week.
  + The Statewide Consultation meeting: December 16, 2021
  + December training AS Supervisor Dec 13-14
  + SW Core curriculum December 8-10
  + Annual Bond Reconciliation-updates due January 14, Agency reports are available in CSDW
  + Information went out on the listserv on DAAS awards today
  + Extension to NC Medicaid Managed Care appeals deadlines
  + Updated LBL list
  + DHHS Sec. Cohen steps down December 31
  + DSS-5027 Form changes to turnaround process
  + DHHS Facility Visitation Guidance
  + COVID 19 Booster shot eligibility expanded
  + APS TARC free webinar on COVID 19 scams and pandemic financial exploitation
  + MAC is up over $80,000
  + SSBG for APS-$893,041 to increase number of APS workers, salaries and expenses, 100% state funding
  + State and County Special Assistance-$48 million in non-recurring temporary financial assistance for licensed facilities serving SA recipients (100% thru ARPA funds); $125 per month per eligible SA recipient; SFY July 21-June 22; targeted first payment will be February 2022 that will be retroactive
  + State and County SA-$5.4 million recurring personal needs allowance increase from $46 to $70/month, 50% state/county; effective 1/1/2022; Enacted budget SFY: $4million, Enacted Budget SFY23-$5.4 million
  + State budget highlights:
    1. $5.4 million recurring and $5.4 million one-time to create parity between SA Adult Care and SA/IH program; 50% state, 50% county; removes existing limit to total SA/IH cases across the State; establishes auto eligibility for SA/IH to receive Medicaid.

Questions:

*Will the SA PNA increase also impact the SAIH PNA?* Yes that will be impacted; information forthcoming

*The bond reconciliation is asking to verify Medicaid County and SIS # but when I had the report pulled it is not showing that information on the report.* We are working to see if that query can be adjusted and will put out additional information on the listserv. If you'll go ahead verify the available information on the report and make any necessary changes on the DAAS-7016 form.

*In regard to the new CQI project we are beginning to form the impression that the project might be causing counties to screen in more referrals especially referrals in situations where it is known the customer is competent and is able to self-determine and make their own decisions. Even when those decisions are self-neglect. I think we need to take a close look at this because our resources are limited in APS and without a major investment of state or federal funding in addition to what counties currently receive there is little chance that APS capacity can be expanded. So I think we need to think about what we can do within the parameters of our current staffing capacity.* There shouldn’t be any impact from CQI; should be law and policy. If there is something that is causing this, then please let us know-contact us.

* **DMH: Lisa Jackson; given by Brandy Mann**
* As you know, with Secretary Mandy Cohen stepping down at the end of the calendar year, the Governor has selected current Chief Deputy Secretary for Health, Kody Kinsley to serve as the next DHHS Secretary beginning January 1st. Chief Deputy Secretary Kinsley will be joined by Chief Deputy Secretary Susan Gale Perry in leading the department.  Susan will continue to lead the transformational work building the new Division of Child and Family Well-Being, strengthening the overall Opportunity and Well-Being portfolio, and supporting connections across the Department to better serve North Carolina’s children and families.
* **County Transition Updates**:
  + With the exception of the counties transitioning from Cardinal to Vaya (scheduled to go live on 1/1/2022), the other realigning counties went live with the receiving LME/MCOs effective 12/1.
  + The nine counties transitioning to Vaya are:
    - Alamance
    - Franklin
    - Chatham
    - Person
    - Caswell
    - Stokes
    - Rowan
    - Granville
    - Vance
  + In a separate process from the Cardinal and Vaya realignments and transitions, Bladen County requested and the Secretary approved their disengagement from Eastpointe and realignment with Trillium, effective 2/1/2022. The first transition meeting with Eastpointe/Trillium/State staff took place yesterday and went smoothly.
* LME/MCO staff are continuing to volunteer to assist with the DAAS/DSS virtual Serious and Persistent Mental Illness trainings to discuss the role of the LME/MCOs in helping people access needed services and supports.
* Details are still being worked out but eventually the State will utilize a statewide credentialing vendor who will be responsible for credentialing new providers and re-credentialing the other providers; this will take the burden off of the LME/MCOs.
* Please see attached flyers (English and Spanish versions) about family vaccination sites currently available across the state.