Adult Services Committee Meeting October 13, 2021

Committee Chairs: Angela Ellis, Brandy Mann and Felissa Ferrell

In attendance:

Lisa Jackson

Anna Perry

Tameka Riggsbee

LaPorscha McCullough

Amanda Tanner-McGee

Donza McLean

Angela Ellis

Toni Welch

Edwin Bass

Trish Baker

Lula Jackson

Mardrecius Edwards

Daina Frederick

Pam Dennis

Amanda Smith

Kathi Graham

Susan Thigpen

Renee Dutcher

Tammy Chaney

Dolly Clayton

Kristin Bonoyer

Laurie Jones

Cynthia Ross

Bunny Critcher

Maria Ordaz

Teresa Hargett

Diane Hayden

Christine Dowdell

Debbie McGuire

Karen Crowder

Patricia Pugh-Wynn

Melinda Hudson

Renae Minor

Jane Dudley

Karen Steen

Karey Perez

La Verne Bennett

Jonah Williams

Alison Banzhoff

Sean Dwyer

Melinda Lane

Sharon Barlow

Carye Dickerson

Jessica Adams

Marcy Mays

Joyce Massey-Smith

Jerricke Fontenette

Crystal Jackson

Chiquita Gooding-Register

Jennie Kristiansen

Monica Smith

Rebecca Johnson

Lori Leggett

Glenn Osborne

Glenda Stokes

Ashley Lantz

Kristy Perry

Angela Spencer

Sharnese Ransome

Amy Pridgen-Hamlett

Kari P.

Traci Corn

Felissa Ferrell

Joann Windley

Dorene Evans

Tammy Schrenker

Bridgette Autry

Cathy Murray

Yvette Smith

Latoya Heath

Angi Karchmer

Megan Lamphere

Brittany Borders

Priscilla Delano

Tamica Lyons

April Black

Anne Cooper

Caolyn Perry

Adrian Daye

Heather Skeens

LV Mckillion

Makkitia McKoy

Kimberly McGuire

Yvonne Winston

Caroline Hedrick

Melanie Corprew

Sarah Richardson

Debbie Green

LaDawn Pearson

James Chiavola

Rich Ohmer

Valerie Phelps

Laurie Potter

Nina Williams

Felicia Wood

Melissa Hill

Tony Carpenter

Robert Lee

Karen Harrington

Alisha Holloway

Brandy Mann

Heather Ball

Shannon Myers

Janella Lee

Jannon VanHonk

Sharon McLeod

Crystal Black

Crista Ramroop

Monique Freeney

Joni Perry

Latoya Chancey

Carlton Paylor

Annie Murrell

Leah Armstrong

1. Welcome and approval of the September 8, 2021 meeting minutes-Melanie Corprew made a motion to approve, Laurie Potter seconded the motion. No updates or changes noted.
2. Behavioral Health Discussion for Adult Services: DAAS Staff-Joyce Massey Smith, Sarah Richardson (formally Smith) and Karey Perez. DMHDDSAS staff- Glenda Stokes, Lisa Jackson, Latoya Chancey.
   1. Discussion due to increase in counties asking for assistance or having challenges trying to provide protection and find services for vulnerable adults.
   2. Goal today: Discuss some of the current issues and challenges at the local level for DSS agencies around APS and Guardianship; Then try to develop strategies to assist counties in meeting the mandate to protect and support vulnerable adults.
   3. Challenges discussed:
      1. Adults with medical and mental health needs that are very high need; there appears to be a gap with few resources.
      2. Mental Health group homes used to be a good resource; but now it is difficult to access those resources. There needs to be funding for these homes as vulnerable homeless adults need more supports. We understand the DOJ concern with individuals not being in Adult Care homes, however, some individuals need a structured living environment.
      3. ACTT and CST-we are consistently seeing an issue with provider quality. There are inconsistencies in the delivery of the service. Providers are still doing telehealth, yet this population needs more individualized and direct service supports, particularly those with SPMI. Additionally, LME/MCOs authorize these services short term, stating the adult has met their goals, yet when the service is stopped, the quickly destabilize and we’re getting calls again. It makes better sense to continue with the authorization of services and help the adult maintain stability.
      4. Inpatient psychiatric hospitals-If adults are lucky to get admitted into a bed, the service is provided very short term with little transition at discharge. We are seeing more individuals discharged to “the street,” and sent home in cabs. We continue to see revolving IVCs with little or no interventions provided by providers. Then APS is getting a new report.
      5. Additionally, when vulnerable adults are in emergency departments or inpatient programs, they are quick to state the individual has to have a guardian, yet there have been no efforts to connect the individual to services. One county stated they received 10 referrals for guardianship. Another example was given by another county experiencing the same issue. Some adults are sitting in emergency rooms for weeks or months; with no appropriate outcome or service accessed. Those who are admitted for short term psychiatric inpatient services are discharged back to the facility, with little change or services added to help them stabilize. Facility will note that the person has not improved and then will give discharge notice.
      6. Individuals are presenting with more complexity. Concern with the caseload sizes as it takes many more hours in APS and Guardianship to assist these individuals; particularly trying to engage and find appropriate resources
      7. ACH/FCHs-we receive reports on the home and our Ward may live in the facility. Counties have concerns this is a conflict. Then we have to move the ward, which is difficult to do and find appropriate facility.
      8. ACH/FCHs- Many of these adults end up in these facilities because they have been turned down in the more specialized programs dues to their behavior. This is a concern as older adults reside in these facilities and mixing populations is concerning.
      9. Some areas are seeing significant issues with affordable, appropriate housing. Pandemic has had an impact on housing, as there were no available units and then evictions started. HUD vouchers aren’t always helpful because landlords will not take the vouchers. Landlords have concerns because of damages to their property and getting payment of those damages. Concerns about behavior. And if in an apartment or home, it is very difficult to coordinate services-we need more services for these individuals if you’re going to promote and support independence.
      10. Lincoln County requests a more formalize process for conflicts
      11. Concerns with vulnerable adults who present with MH and IDD. Unable to find inpatient psychiatric services; county states that once the inpatient facility learns that the individuals has an IDD, they exclude them from consideration. It is noted that a number of facilities that used to admit IDD/MH adults no longer provide that service.
      12. Hospitals, law enforcement, court system, etc. do not understand that DSS, if the guardian of a vulnerable adult, are decision makers. They are expecting DSS to provide the service and this Is not our role. LME/MCOs should be coordinating and authorizing appropriate services and the providers ensuring the delivery of quality services. However, the missing component is there is no public mental health anymore. Without “the face” in the community, which were the Area Programs, DSS is now the “last resort” and communities expect DSS agencies to provide what is missing.
   4. Discussion of ideas and ways to address challenges
      1. Rapid Response Team-Include DAAS, DMH, DHB, DSOF (Laura White and Cindy Koempel
      2. Reevaluate caseload sizes. Suggestion to pull together a workgroup. Need to evaluate data, time studies.
      3. MDTs-need to have hospitals and discharge planners; CQI
         1. Develop talking points on the role of DSS in APS and Guardianship and share with local emergency departments, including what DSS can and cannot do
      4. A consistent process-each LME/MCO should have a designated liaison for DSS who have ADULT experience and knowledge.
      5. Sending a joint letter. Melanie Corprew reminded the group a letter was sent earlier in the year to DHHS for a specialized plan for guardianship and we did not get a response. It was suggested we revisit this.
      6. Reviewing and considering what Tailored Plans may offer. Latoya stated that there will be care management agencies, it should be seamless. Someone suggested it would be nice to have a breakdown of tasks, etc.
      7. Joyce Massey Smith suggested that there needs to be a process in place where guardianships are notified when they switch to tailored plan.
      8. Latoya noted that it appears that individuals are not known until DSS interact with the vulnerable adult. There is a need for a more proactive outreach to coordinate care.
      9. Lisa Jackson-continue to facilitate discussion between the LME/MCOs and DSS. Make sure to utilize access lines. Contact the Provider relations coordinator at LME/MCOs if you have concerns.
3. Partner Updates:
   1. DAAS-Karey Perez
      1. APS Improvement Plan will be presented in the November meeting. It will include the APS system improvement report.
      2. AS Monthly Survey due October 13, 2021, AS annual Review was received by all 100 counties-thank you! Report will be shared next month.
      3. Guardianship training is October 20-22.
      4. APS Client outcome study-collection period ended on Sept. Report forthcoming.
      5. Statewide consultation meeting October 28 at 9:00 AM, including the CQI update and the LME/MCO transition information to tailored plans.
      6. APS MAC expenditures-July-$316,394; August $371,618
      7. ACL Grant Funding-Coronavirus Response and Relief Supplemental Appropriations Act of 2021-Grant to enhance APS to respond to COVID-19. The award is $2,813,974, awarded April 2021. The (ARPA) American Rescue Plan Act of 2021-grant is $2,579,576-award date was August 2021.
   2. DHSR-Tameka Riggsby -First Quarter of the Focused Monitoring and Complaints are due 10/15/2021. They will review the information and then convene the workgroup committee to see if changes are needed.
   3. DMH-Lisa Jackson
      1. Division of Child and Family Well-Being: Secretary Cohen shared the creation on a new Division of Child and Family Well-Being. Additional resources relating to information about the Division of Child and Family Well-Being. Please review the following:

* Recording of the Division of Child and Family Well-Being Town Hall from August 26, 2021 (link here); password is PbbMsAN2
* Presentation slides from the Division of Child and Family Well-Being Town Hall from August 26
  + 1. Victor Armstrong, our DMH/DD/SAS Director, has left the Division to take on his new role as the Dept.’s first Chief Health Equity Officer. Iin that role, he will be responsible for developing and implementing health equity initiatives into every aspect of the Department’s programs and services and internal employee culture; as well as overseeing the Office of Health Equity, Office of Rural Health, and the Office of Diversity and Inclusion.
    2. Karen Burkes has been selected as Director of the Division of State Operated Healthcare Facilities (DSOHF); Karen previously served at DMH as the Deputy Director and COO and she replaces Helen Wolstenholme who retired late last year.
    3. Deepa Avula has been appointed as Interim Director for DMH/DD/SAS.

The Dept. is now recruiting for a DMH/DD/SAS Director and a Deputy Director/COO. Please share this information freely if you know of anyone who would be a good candidate for either position

* + 1. Disengagements/Realignments (includes only the most recent realignments and the ones currently scheduled to happen prior to the end of the calendar year):

County Receiving LME/MCO Date of transition

1. Davie Partners 11/1/2021

2. Forsyth Partners 11/1/2021

3. Davidson Sandhills 12/1/2021

4. Rockingham Sandhills 12/1/2021

5. Warren Eastpointe 12/1/2021

6. Halifax Trillium 12/1/2021

7. Orange Alliance 12/15/2021

8. Mecklenburg Alliance 12/15/2021

Apart from the Cardinal Innovations Counties that are either realigning with Vaya or moving to other LME/MCOs, there has been a request from Bladen County to disengage from Eastpointe and realign with Trillium, but my understanding is that there has not been a final approval on this yet from the Secretary.

vi. The Behavioral Health and Intellectual/Developmental Disability (I/DD) Tailored Care Management model reflects the goal of whole-person care management in Medicaid Managed Care. Provider-based care management promotes integrated care and offers beneficiaries choice in how they receive care management.

* Through Tailored Care Management, Behavioral Health I/DD Tailored Plan beneficiaries will have a single designated care manager supported by a multidisciplinary care team to provide whole-person care management that addresses all of their needs, spanning: physical health, behavioral health, I/DD, traumatic brain injuries (TBI), pharmacy, long-term services and supports (LTSS) and unmet health-related resource needs.
* The Department is seeking applications for individuals to participate in the Tailored Care Management Technical Advisory Group (TAG), which will advise and inform the Department on key aspects of the design, implementation, and evolution of the Tailored Care Management program. Please review Medicaid Bulletin titled Tailored Care Management; asking for volunteers for the advisory group <https://medicaid.ncdhhs.gov/blog/2021/10/05/tailored-care-management-technical-advisory-group-application-period-open>

The Tailored Care Management TAG will be comprised of the following members:

• Representatives from Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans – i.e., employees of LME/MCOs awarded a Tailored Plan contract; Representatives from provider organizations that are certified or are candidates to become certified as Advanced Medical Home Plus (AMH+) practices or Care Management Agencies (CMAs); Representatives reflecting the Tailored Plan consumer population – i.e., Medicaid enrollees or family members/guardians of individuals who expect to be in Tailored Care Management

The Tailored Care Management TAG will serve as the primary venue for advisory conversations among these stakeholders and the Department, ahead of and after Tailored Care Management launch. The Department expects that members will take issues raised in the Tailored Care Management TAG back to their organizations and networks to promote dialogue and communication between the Tailored Care Management TAG and a broader group of stakeholders.

All submissions are due by 5 p.m. ET on Friday, Oct. 15, 2021. For more information, or to apply, please see Medicaid bulletin Tailored Care Management Technical Advisory Group Application Period Opens.

LME/MCO 24/7 Access Lines:

Alliance Health: 1-800-510-9132

Cardinal Innovations Healthcare: 1-800-939-5911

Eastpointe: 1-800-913-6109

Partners Health Management: 1-888-235-4673

Sandhills Center: 1-800-256-2452

Trillium Health Resources: 1-877-685-2415

Vaya Health: 1-800-849-6127