**NORTH CAROLINA ASSOCIATION OF COUNTY DIRECTORS OF SOCIAL SERVICES**

**ADVISORY & ISSUES MANAGEMENT COMMITTEE**

**MEETING MINUTES**

**DATE: June 8, 2022**

**TIME: 8:30 am**

**LOCATION:** Zoom webinar

**ATTENDEES; Geoffrey Marett (Co-Chair), Angelina Noel (Co Chair), Christine Dowdell (Apprentice),**

Amy Pridgen-Hamlett, Angela Ellis, Angelina Noel, Annie Murrell, April Snead, Carlton Paylor, Charles Lycett, Cheri Blount, Christa Smith, Christine Dowdell, Debbie Green, Dolly Clayton, Geoffrey Marett, Heather Skeens, Jacqueline McKnight, Jennifer Tubbs, Jerrie Mcfalls, John Nalbone, Karen Calhoun, Karen Harrington, Katherine Swanson, Kim Mcguire, Korey Fisher-Wellman, LaDawn Pearson, Lula Jackson, Marcy Mays, Micah Ennis, Michael Coone, Samantha Hurd, Sharnese Ransome, Sharon Barlow, Sharon Mcleod, Sherita Cain, Steve Yost, Tammy Schrenker, Tracie Downer, Trish Baker, Velvet Nixon, Wendy Boone, Wes Stewart, Yvette Smith.

**WELCOME**

Geoffrey Marett opened the meeting and welcomed everyone.

**APPROVE MINUTES (April 13, 2022)**

The meeting minutes for April 13, 2022, were emailed to everyone along with the agenda. Geoffrey Marett asked for a motion to approve the minutes.

* + - **Motion Offered By:**  Lula Jackson
    - **Motion Seconded By:**  Carlton Paylor
    - **Motion Carried:** Yes

**Medicaid Expansion Update / Advocacy Efforts**

Geoffrey Marett began with discussing HB 149 that would have significant impacts on DSS agencies. Information was shared by Dave Richards during the joint county and state relations meeting. It appears that the Senate seems on board to expand Medicaid quickly but the House doesn’t seem to want to see this bill in the short session. There is little in the bill regarding DSS’ role in the Expansion of Medicaid. One thing that may ease the burden is for those already receiving Family Planning would be eligible for Medicaid under expansion. Suggested speaking to Medicaid staff as it relates to individuals receiving Family Planning to see how this would impact individual counties. Mr. Marett brought up concerns around funding needs related to the expansion of Medicaid. Mr. Marett discussed the conversation with Dave Richards during the joint county and state relations meeting. During this meeting, Mr. Richards spoke about the savings the state would have related to the assessment process of the hospitals and the openness to have conversations regarding the ability for the state to assist counties with funding for needed positions should Medicaid Expansion pass.

Sharnese Ransome discussed the contents of the bill includes two million dollars allocated to local DSS offices for additional costs associated with the expansion of Medicaid. Mr. Marett stated this would be a good starting point but we need to consider the cost of staffing and needs of each agency.

Sharnese discussed the inquiry by a member of what additional costs the counties will incur. The thought by the member is individuals are already receiving through the Pandemic or Family Planning so the counties are already doing the work. The counties have the ability to draw down administrative funding and the thought is through 75/25 reimbursement. Sharnese reminded Directors that they need to be able to clearly justify additional costs beyond what we are already doing today as we review our needs. Department has marketed as an estimate of 600,000 individuals will be eligible through expanded Medicaid coverage and that half of this estimate are already receiving through Family Planning or pandemic recipients. Directors need to think about additional costs.

Geoffrey Marett discussed the possibility of staffing needs for counties and referenced estimates sent out by Sharnese Ransome. Mr. Marett stated that not all eligible individuals are receiving. Once they see the benefit, they will apply which will increase workload for counties.

Ms. Ransome stated that the department has said go ahead with expansion as individuals are already on the roles due to receiving through the pandemic and Family Planning. She reminded the committee that we need to be mindful. We need to be clear what are needs are and be able to justify them because they think we are doing the work now.

Geoffrey Marett referenced the document sent out for advocacy efforts in regards to Medicaid expansion to have conversation with local legislators. He reminded the committee we need to tell our story and what Medicaid expansion would look like in your county. Push for automation in NC FAST to take off additional workload on our staff. Discussed automation through FFM applications but Mr. Marett reminded the committee we would have to take up recertification of these individuals. Push to talk to your local legislator. If Medicaid expansion is not heard in the short session the thought is it will be picked up in the long session so we need to begin our advocacy efforts now.

Carlton Paylor discussed speaking with his local legislator and mentioned the impact to counties when the decisions are made in the middle of budget year.

**Interim Care Management Foster Care Update**

Geoffrey Marett discussed the state contacting the Executive Board regarding two options as it related to the Specialized Foster Care Plan. Heather Skeens discussed the inquiry of Executive Board’s opinion on two options as they related to an Interim Plan in order for the Executive Team to go back and make a recommendation to Susan Osborne.

Geoffrey Marett discussed this being in relation to a single payer plan for our children in foster care in order to get timely and critical services. He discussed his experience with challenges when a child in foster care leaves one catchment area and moves into another and the difficulty in getting appropriate services in a timely manner. In attempts to move towards the child and family specialty plan, HB 144 was introduced in the Senate. This bill is related to the Department submitting an RFP sometime this summer in order to implement the plan by December 1st of 2023. This RFP would take bids on what would be a single payor plan. Bill is still being considered and there has been some push back to move the date of implementation to 2024.

NCACDSS is opposed to this and Sharnese Ransome reminded the committee that we have been able to assist them in amending the language but reminded it has a long way to go. The Senate has been very supportive in our position of creating a single payor system as quickly as possible. There seems to be a different position in the House. Ms. Ransome recommended Directors speaking with their legislators to discuss the need for a plan for our children in foster care today. Sharnese suggested talking about coming into care, inappropriate placement, lack of supports you are or are not getting, challenges of finding placement as providers cherry pick what children they will take or require the agency to pay fees to take our children without providing any different services for the extra fees.

Heather Skeens provided a high-level overview of the two options the state is considering. Plan A would move tailored plan eligible children which is estimated to be about 23% of the children in our foster care system into an LME/MCO care case management. The case manager would assume case management for physical and mental health care. Currently, the social worker is responsible for managing the physical care of these children. The social worker works with the LME/MCO who is currently responsible for providing case management for the behavioral health needs in the current system. This option would create an integrated case manager that would do both under LME/MCO for these estimated 23% of children. This option did not impact catchment areas. We would still have the same issues we have and why we have advocated for years for a single payor system.

Plan B would be to remain as we are until the specialty plan comes to fruition. After the discussion, there was a consensus to keep things as they are until a single payor specialty plan is implemented. The group felt that Plan A was moving more towards keeping and supporting the LME/MCO in creating their specialty plan and moving away from the single specialty plan. They wanted an answer that day but provided an extension of a week. Given an extension of a week to discuss with Susan and Susan would be making the decision. Discussed our frustration as it was apparent this was discussed at the state level and LME/MCOs without consulting NCACDSS. We met with Susan and discussed our frustration. Discussed after pulling several Directors together who agreed unanimously to remain as we currently are, or option B, in order not to create multiple changes for our children in foster care once the specialty plan roles out in 2023.

Susan Osborne’s response was we misinterpreted what their request was and they were not asking us for a decision. Her role was to create awareness and understanding of a temporary diversion due to the delay of a state-wide specialty plan. The care manager would be responsible for the physical and behavioral health of the child. Susan Osbourne is planning to move forward with option A until we role out a statewide specialty plan. Her plan is to come tomorrow to the Executive Board meeting to discuss this with the Directors.

We interpreted the first request as needing a decision point but in reality, they wanted awareness and information given to us. Discussed our frustration as the decision had already been made by the department. This will be the Interim plan.

Chuck Lycett added that they will be coming to give a very high-level presentation tomorrow and there will not be a need to have a lot of discussion as the Department has made the decision to move forward with Plan A.

Angela Ellis discussed the need to express that we are still going to be responsible for these children and that we need to express the issues with the Department.

Heather Skeens stated they did express concerns and they don’t believe that this will assist with challenges that create children sleeping in DSS offices directly with the Department. Expressed great frustration. The response was case manager will remain with the child and facilitate services needed when children move from one catchment area to another. Susan Osborne is convinced this will move the needle for serving these children.

Heather Skeens reviewed that the hybrid interim plan which accounts for approximately 23% of children in foster care. These children will be assigned a care/case manager until the specialty plan goes into effect. These managers will assist in locating services in the physical and behavioral health arena. Contracts will be more extensive and we have requested to see the contracts. They will not be given a per person per month fee. They will have to submit and document to submit invoices to receive reimbursement for case management. In the current system it is an incident that creates a case manager. Only there for that incident and then no **longer** receives case management. Plan B again is to remain the same with the social worker managing the physical and behavioral health needs.

Chuck Lycett added the tailored plan group includes IDD, TBI and those in PRTF and PRTF eligible. This is a small group of individuals.

Geoffrey Marett wanted to speak on advocacy regarding this issue to continue to say that we do not think this is something that will serve the children even in the interim. He reminded the group that we have been waiting for changes since 2004. He stated we need to push to voice our need to statewide plan to move the needle to serve these children and not have all the burden fall on our staff in regards to mental health services. Talking points have been sent out in regards to this. Suggested starting the discussion with your county manager and local legislators. Tell them what the impact is on staff from a fiscal standpoint and how it is affecting our children.

Heather Skeens mentioned that tomorrows presentation will not include the slide deck that was provided to Executive Board but stated she could send it out to the Directors.

Sharnese Ransome reminded the group that this is only 23% of tailored plan eligible children experiencing foster care and the rest of the children will not get the same kind of care management.

Geoffrey stated the first step is to get the bill passed. Then there will be more work to be done so we can influence what is in the RFP.

**Bills Introduced**

Geoffrey Marett asked if the group had any discussion about the document Sharnese Ransome sent out on the bills introduced.

Sharnese mention a couple of things about the budget such as where we are as a state. Last week subcommittees where given their target dollar. Subcommittee could meet as early as this week. Yesterday it was said that subcommittees may not meet and just go directly to full committee. Not totally sure where we are in the budget process. Encouraged to watch the calendar. Advocacy chairs to monitor appropriation subcommittee meeting on the budget. Leadership above chambers desire is to get out by end of June or July 2nd.

Geoffrey Marett stated the short session could be quick. Continue to review bills and weekly advocacy calls. Geoffrey Marett asked if anyone had any bills they wanted to discuss on the call today. I don’t see any. Encouraged to continue to enhance our advocacy efforts.

Sharnese Ransome reminded SSI is August 3-5. Heather encouraged those to reserve their hotel room now. Sharnese reminded Directors not to book rooms if they do not need them. Sharnese discussed the finalization of the agenda for SSI.

Geoffrey Marett requested a motion to adjourn.

* + - **Motion Offered By:**  Micah Ennis
    - **Motion Seconded By:**  Angela Ellis
    - **Motion Carried:** Yes

**MEETING ADJOURNED**: The meeting adjourned at 9:13 am.

**NEXT MEETING:**

**DATE:** September 7, 2022

**TIME:** 8:30 am

**LOCATION:** ZOOM webinar