NC Department of Health and Human Services
Division of Social Services

# 100 County DSS Directors Call

August 25, 2021

# AGENDA

- Welcome – Susan Osborne
- Medicaid Communication Access – David Litman
- Foster Care Specialty Plan – Chameka Jackson
- CARS Update – Richard Stegenga, Tim Egan, Myra Dixon
- ARPA Funds – Carla West
- NCCARE360 – Erika Ferguson Walsh, Carla West
- FNS Admin Funds – Richard Stegenga
- NCCARES IVB Funds – Lisa Cauley, Richard Stegenga
- Child Welfare Updates – Lisa Cauley, Sarah Lewis Peel
- Q&A – Carla West
- Closing Comments – Susan Osborne

WELCOME

NC Department of Health and Human Services

Division of Services for the Deaf and Hard of Hearing

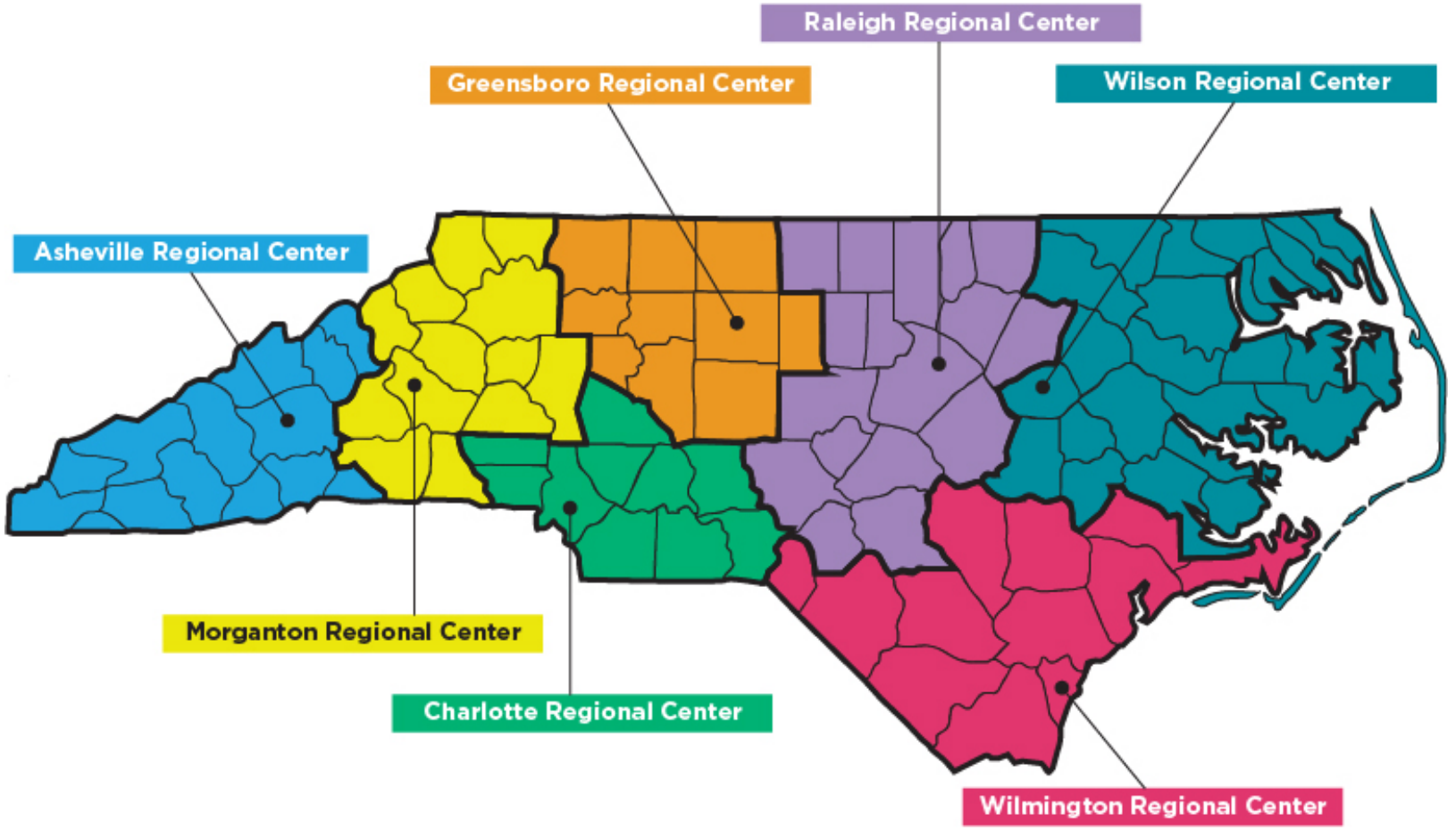
# NC Medicaid Communication Access Services

**David Litman**
**Medicaid Communication Access Coordinator**

**August 25, 2021**

# Division of Services for the Deaf and Hard of Hearing

## DSDHH has 7 Regional Centers



# Communication Access Resources

- **Communication Methods Used by Individuals who are Deaf and Hard of Hearing**
- **Tips for Working with Sign Language Interpreters**
- **Tips for Communicating with People Who are Hard of Hearing**
- **Facts about DeafBlind People**
- **Regional Center Brochure**

# Pilot Initiative

- Funding though Medicaid and administered by DSDHH
- Improve equitable access in healthcare settings
- Reimburse costs related to communication access services
- Training and education available
- Service must take place in approved setting

# Medicaid Communication Access Brochure

## Overview

- **Communication access services assistance** for Medicaid patients and companions.
- **No cost training** available on effective communication.
- **Provider must register** with DSDHH for reimbursement of communication access services.
- **Services reimbursed** up to specific amount. Remaining balance is absorbed by the healthcare provider.

**NC Medicaid Communication Access Services - in ASL**
**https://youtu.be/3Nab9A2XZAs**

## Examples of Services Covered

- **Doctor appointments**
- **Eye exams**
- **Dental exams**
- **Mental and Behavioral Health**
- **Urgent care**
- **Audiology**
- **Occupational therapy**
- **Speech therapy**
- **Physical therapy**
- **Adult care**
- **Hospice care**

*Hospital stays, day surgery and emergency room are NOT covered.

Email DSDHH.Medicaid.CommAccess@dhhs.nc.gov for questions about specific services covered by this initiative.

## Communication Access Services Reimbursed

- **American Sign Language (ASL) interpreters,** including Deaf team interpreting when applicable
- **Tactile or close vision sign language interpreters**
- **Cued language transliteration**
- **Communication Access Real-time Translation (CART)**
- **Personal amplification listening devices (ALDs)**
- **Service can take place either on-site or remote**

## Support Service Providers (SSP)

- **Trained professionals** who guide a person who is DeafBlind.
- **May provide transportation services** for a person who is DeafBlind.
- **Does NOT replace ASL interpreters.**
- **Paid directly by DSDHH with NC Medicaid funds** for covered healthcare appointments.
- **Contact your local Regional Center** to schedule SSP for qualified healthcare appointments.

# Sharing Brochure

- Visible to anyone who comes into the office
- Shared via online to beneficiaries
- Directly target individuals with hearing loss
- Encourage individual to take as many brochures as they have healthcare providers

# David Litman Contact

- **Email**

  David.Litman@dhhs.nc.gov

  **or**

  DSDHH.Medicaid.CommAccess@dhhs.nc.gov

- **Phone**

  **(984) 884-1093**

# Foster Care Specialty Plan

**Chameka Jackson**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

# DSS Co-Location Survey

# DSS Co-Location Survey

***On July 1, 2023, North Carolina will launch the Specialized Foster Care Plan (FC Plan) that will serve children and youth involved in the child welfare system. Each child/youth enrolled in the FC Plan will be assigned a Plan-based care manager who will manage their health needs. FC Plan care managers will be required to coordinate closely with each child's DSS Child Welfare Worker to ensure that children receive the physical and behavioral health services outlined in their permanency plans. To facilitate this ongoing coordination, the Department envisions that some FC Plan care managers will co-locate in local DSS offices (FC Plan care managers will provide their own hardware, such as a laptop or computer). The Department is seeking input from DSS offices on the co-location approach through the brief survey below. Please complete the survey by September 10th. Thank you for your input.***

1. Which county is your office located in? _____

2. Does your office currently co-locate with LME-MCOs, other agencies or services?

- ❑ Yes
- ❑ No

2.a. If yes, what other agencies or services do you co-locate with? (Please check all that apply.)

- ❑ LME-MCO(s)
- ❑ Division of Juvenile Justice
- ❑ Division of Public Health
- ❑ CCNC
- ❑ Other _____

3. Would your office be interested in co-locating with FC Plan care manager(s)?

- ❑ Yes
- ❑ No
- ❑ Not sure

3.a. If yes, would your office be interested in co-locating with FC Plan care manager(s) on a full-time (5 days a week) or part-time basis (a few days a week)?

- ❑ Full-time
- ❑ Part-time
- ❑ Not sure

4. What potential barriers do you anticipate to co-locating that would need to be addressed? (Please check all that apply.)

- ❑ Physical office space
- ❑ Securing access to location (e.g., security clearance)
- ❑ General support (e.g., reception, phone access, etc.)
- ❑ Potential HR/personnel issues
- ❑ Other _____

5. Are there any other considerations the Department should be aware of that might impact your ability to co-locate?

_____

# Contact Information

Name: Chameka Jackson

Title: Child and Adolescent Services Coordinator

Agency: Division of Health Benefits (NC Medicaid)

Email: Chameka.L.Jackson@dhhs.nc.gov

NC Department of Health and Human Services

# August 100-County Call

## County Administration Reimbursement System Project

August 25, 2021

Presented by:
Tim Egan, Managing Director, Deloitte Consulting

# Project Approach: The Next 3 Months

| July 2021 | August 2021 | September 2021 | October 2021 |
|---|---|---|---|

★ We Are Here

| Legend | |
|---|---|
| | Deliverable is complete |

## Identify New System Requirements

- Develop business and functional/non-functional requirements, data migration requirements, integration requirements, compliance and security/privacy requirements
- Consolidate and develop Requirements Document

## Complete System Change Cost-Benefit Analysis

### Conduct Market Analysis

- Discover potential market offerings for To Be business processes and systems
- Research pricing/pricing structures
- Summarize potential effectiveness of the solution(s) discovered based on To Be needs
- Interview other states with similar experiences to understand their designs and considerations

### Develop and Estimate To Be Costs and Benefits

- Estimate legacy systems' ongoing operations and maintenance costs and potential impacts for various stakeholders
- Research available administrative cost reporting and time reporting software
- Estimate the potential budget requirements
- Develop Cost Benefit Analysis Document

## Assist DHHS with Decisions and Potential Next Steps

- Review findings from the Cost-Benefit analysis
- Identify decisions to be made and help develop a path forward that includes stakeholder involvement
- Revisit requirements or Cost-Benefit analysis to document and facilitate assessment of decisions made
- Assist DHHS with potential procurement support activities (evaluation criteria for potential offerors, solicitation review criteria, etc.)

# Looking Ahead: The Next 30 Days

## Identify New System Requirements

- Finalize requirements and submit to DHHS for review
- Conduct briefing of requirements with DHHS
- Incorporate DHHS feedback

## System Change Cost-Benefit Analysis

- Facilitate an interview with Ohio (state supervised, county-administered) to help understand their state designs and considerations
- Estimate and Develop To Be Costs and Benefits
  - Continue estimating costs of potential project outcomes based on market options, publicly available information, requirements, and county survey results
  - Continue estimating potential impacts to productivity based on data gathered from DHHS and county survey to (e.g., potential productivity savings or losses)
  - Continue identifying potential “qualitative” benefits that may be achieved from potential project outcomes (e.g., benefits that may not be measured but may be impactful)
- Deliver **‘System Change Cost-Benefit Analysis’** for DHHS to review

## Assist DHHS with Potential Next Steps

- Brief DHHS on Cost-Benefit Analysis findings and help make decisions on the best path forward for stakeholders involved.
- Revisit future state system requirements based on decided path forward, if applicable
- Assist DHHS with developing criteria for assessing potential vendors/offerors
- Assist DHHS with potential procurement support activities (evaluation criteria, etc.)
- DHHS to conduct internal planning for outreach to federal partners (e.g., CMS, FNS, ACF, etc.)

UPDATES

# ARPA Funds

Carla West

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

# ARPA Updates

## County/State Workgroup Plans

- FNS - Year 1 funding $8,502,463 – 9/30/2021
- LIHEAP - Total $86,970,460 – 9/30/2022
- PEA - Total $16,774,000 – 9/30/2023

**Additional funds**

CONSOLIDATED APPROPRIATIONS ACT, 2021

- $3.1 million FNS administrative funding

CARES ACT, 2020

- $1.5 million LIEAP administrative funding remaining

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

# LIHWAP Update

Total $46,930.094 – must be allocated by 9/30/2023

- Model plan has been submitted and waiting for approval
- The workgroup is working on implementation plans so that we are ready as soon as we get approval
- Challenges:
  - Vendors – gathering contact information for over 511 vendors
    - Vendor agreements
    - Data sharing agreements
  - Scope – how many people are in priority groups 1 and 2 and how much is owed
  - Allocations – ensuring there are enough funds for priority groups 1 and 2

# NCCARE360 & DSS

August 100 County Call

August 25, 2021

# NCCARE360 Overview

**NCCARE360** is the first statewide network that unites health care and human services organizations with a shared technology that enables a coordinated, community-oriented, person-centered approach for delivering care in North Carolina. **NCCARE360** helps providers electronically connect those with identified needs to community resources and allow for feedback and follow up.

## NCCARE360 Partners:

FOUNDATION FOR HEALTH LEADERSHIP & INNOVATION

NCDHHS

2-1-1 North Carolina

United Way of North Carolina

UNITE US

Expound

NCCARE360

# NCCARE360

**NCCARE360 is the first statewide network that unites health care and human services organizations with a shared technology that enables organizations to:**

- Communicate in real-time
- Make electronic referrals
- Securely share client information
- Track outcomes together

# Connecting People to Care

**Sam shows up at a County DSS Agency.**

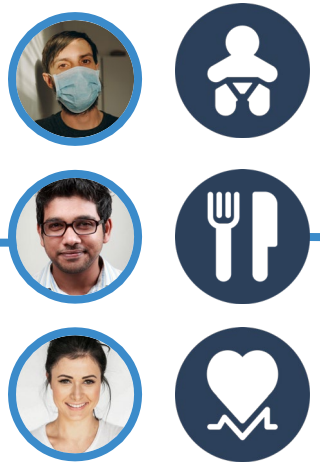
## Screening and/or Assessment

Beth learns that Sam is food insecure. Beth helps Sam apply for FNS. She also learns he has an emergency food need and gets **consent (using DSS consent form)** from Sam to make a referral on his behalf to a local food pantry.

## Referral

Beth uses Unite Us to gain digital consent and electronically refer Sam to the community organizations that can best meet his needs. Through the platform, Beth can seamlessly communicate with the other providers in real time and securely share Sam's information.

## Resolution



## Feedback

As Sam receives care, Beth receives real-time updates and tracks Sam's total journey.

NCCARE360

# NCCARE360

## is live in 100 counties



- **Implementation team formed** — January 2019
- **Launched in three counties** — March 2019
- **2,000 electronic referrals** — January 2020
- **1,000 network partners** — May 2020
- **Live statewide** — June 2020

**Learn more:**
NCCARE360.org

# NCCARE360 Status

- NCCARE360 is fully statewide as of June 2020
- NCCARE360 Network:
  - Over 2,400 community-based organizations with over 4,300 programs in the NCCARE360 network.
  - NC Health Systems on NCCARE360: Cone Health, WakeMed, Vidant, UNC Health, Duke Health
  - All Medicaid Pre-Paid Health Plans and LME-MCOs on NCCARE360
- Client Served (as of August 2021)
  - Over **69,794 people served** through NCCARE360
  - Over **184,587 referrals or cases** created in NCCARE360
  - 73% of service episodes in NCCARE360 resolved

# How to Join NCCARE360

- STEP 1: Reach out to the NCCARE360 Community Engagement Manager
  - Reach out to the NCCARE360 CEM assigned to your county or region to discuss NCCARE360. During this meeting, your CEM will walk through options for how your Agency may use NCCARE360.
  - There is significant flexibility for how a DSS onboards to NCCARE360, including whether the organization will send referrals, receive referrals, or both send and receive referrals and which DSS programs/staff will use NCCARE360.
- Step 2: Complete a Partner Registration Form
- Step 3: Complete Software Training
- Step 4: Go live and start using NCCARE360!

# NCCARE360 Workflow Options – Receiving a Referral

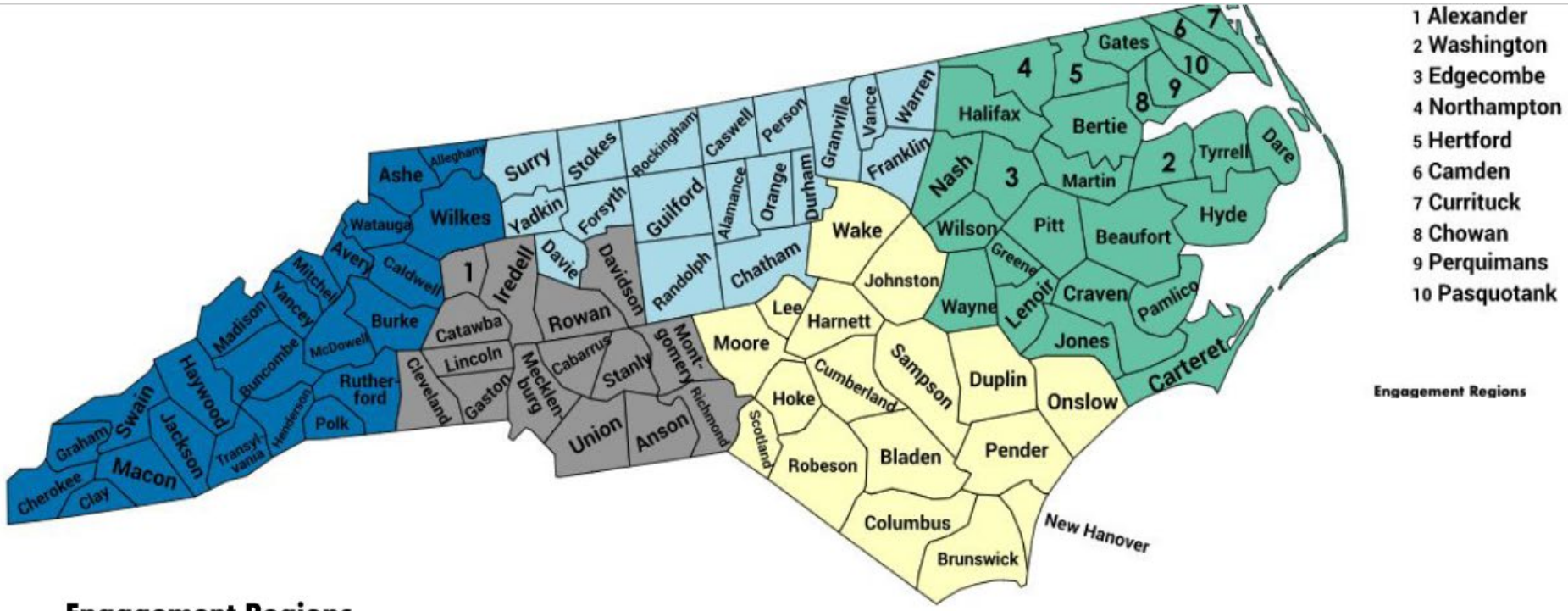
DSS Agencies that Receive Referrals should:

1. Review the incoming referral and determine if you should “Accept” or “Reject” the referral based on initial review.
2. If applicable, proactively reach out to the client to either set up an appointment or provide more information about your services.
3. Work with the client on their resource needs through your current workflows and practices.
4. When you have completed working with that client, close the case in NCCARE360 marking it “Resolved” or “Unresolved”

# NCCARE360 Workflow Options– Sending Referrals

- DSS staff should use the DSS consent form before a referral is sent via NCCARE360 on behalf of a client. The DSS specific consent must be signed in addition to the Unite Us consent.
- It is recommended that DSS Agency upload the consent to the NCCARE360 client profile, so the client does not need to fill out the same form before future DSS referrals can be made. DSS can keep consent in client file or other method as determined by Agency.
- If client does not consent, DSS Agency can still use NCCARE360 to assist client.
  - Print out materials from Directory in NCCARE360
  - Self-Referral at https://nccare360.org/resources/
- Client must all complete Unite Us consent (one time)
  - UU Consent Options: Paper upload, on-screen, recorded over the phone, text, email, case worker attestation

# Community Engagement Manager Contacts



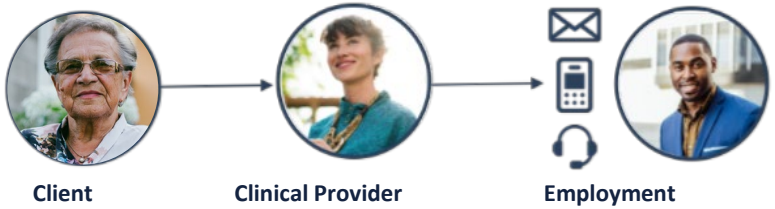

**Engagement Regions**

- Western - Mikayla Hopkins | mikayla@uniteus.com
- Metro - Maghan Knight | maghan.knight@uniteus.com
- Sandhills - Joanna Ramirez | joanna.ramirez@uniteus.com
- Eastern - Abbie Syzmanski| abbie@uniteus.com
- Piedmont - Quinny Sanchez Lopez | quinny.sanchezlopez@uniteus.com

# Questions

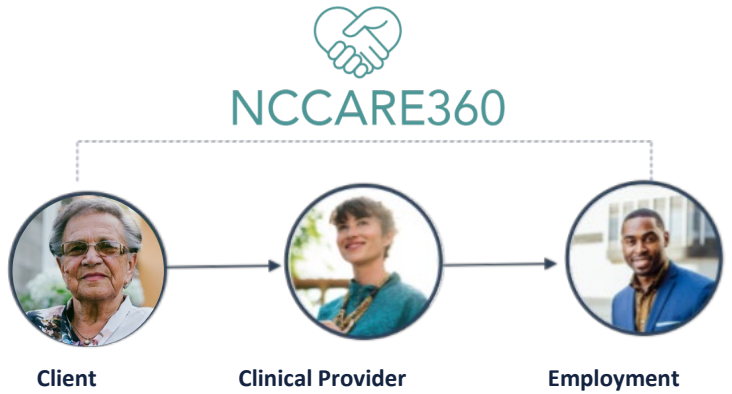
# Why Participate in NCCARE360?

## Traditional Referral



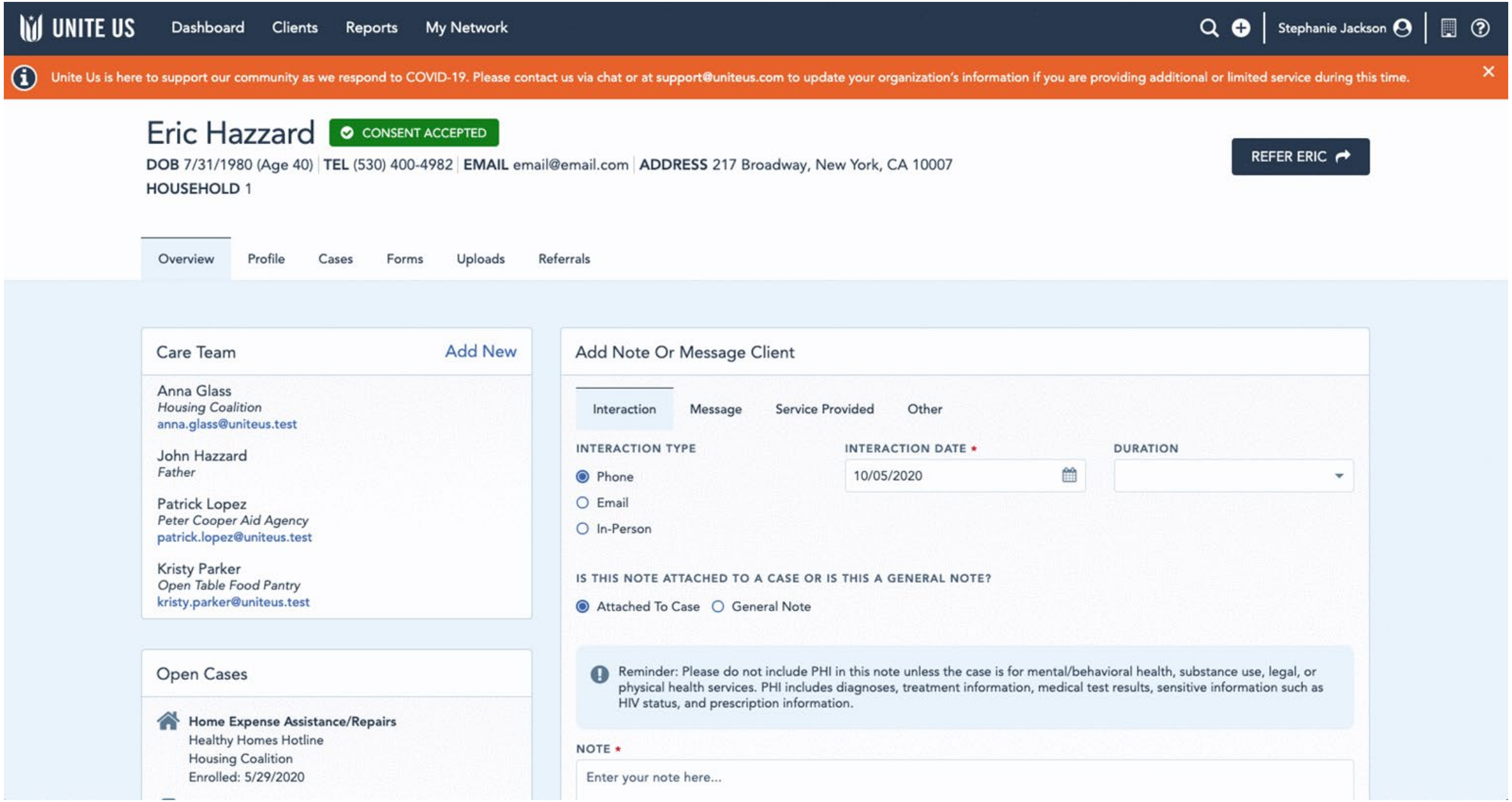

- ✗ Providers cannot always exchange PII or PHI securely
- ✗ Limited prescreening for eligibility, capacity, or geography
- ✗ Clients must contact each organization they were referred to
- ✗ Providers have limited insight or feedback loops
- ✗ Client data is siloed and transactional data is not tracked

## NCCARE360




- ✓ Information is stored and transferred on Unite Us' HIPAA, FERPA, FIPS, HITRUST, and 42 CFR Part 2-compliant platform
- ✓ Clients are matched with the provider(s) they qualify for
- ✓ Information is captured once and shared on clients' behalf
- ✓ Providers have insight into the entire client journey
- ✓ Longitudinal data is tracked to allow for informed decision-making by community care teams

NCCARE360


UNITE US
Dashboard
Clients
Reports
My Network
Stephanie Jackson
Unite Us is here to support our community as we respond to COVID-19. Please contact us via chat or at support@uniteus.com to update your organization's information if you are providing additional or limited service during this time.
Eric Hazzard
CONSENT ACCEPTED
DOB 7/31/1980 (Age 40) | TEL (530) 400-4982 | EMAIL email@email.com | ADDRESS 217 Broadway, New York, CA 10007
HOUSEHOLD 1
REFER ERIC
Overview
Profile
Cases
Forms
Uploads
Referrals
Care Team
Add New
Anna Glass
Housing Coalition
anna.glass@uniteus.test
John Hazzard
Father
Patrick Lopez
Peter Cooper Aid Agency
patrick.lopez@uniteus.test
Kristy Parker
Open Table Food Pantry
kristy.parker@uniteus.test
Open Cases
Home Expense Assistance/Repairs
Healthy Homes Hotline
Housing Coalition
Enrolled: 5/29/2020
Add Note Or Message Client
Interaction
Message
Service Provided
Other
INTERACTION TYPE
Phone
Email
In-Person
INTERACTION DATE *
10/05/2020
DURATION
IS THIS NOTE ATTACHED TO A CASE OR IS THIS A GENERAL NOTE?
Attached To Case
General Note
Reminder: Please do not include PHI in this note unless the case is for mental/behavioral health, substance use, legal, or physical health services. PHI includes diagnoses, treatment information, medical test results, sensitive information such as HIV status, and prescription information.
NOTE *
Enter your note here...

# CARES ACT IVB1 Funds

**Richard Stegenga, Lisa Cauley**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Child Welfare Funding Update

## IVB1 COVID Allocation

- Expenses incurred from 1-20-20 to 9-30-21
- Used for county expenditures only

- **Kinship Care Allocation**

- **COVID Chafee funds**
  - September 30th deadline for serving those over 21
  - Additional allocation for counties

# Child Welfare Updates

**Lisa Cauley, Sarah Lewis Peel**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

# CWS Disaster Preparedness

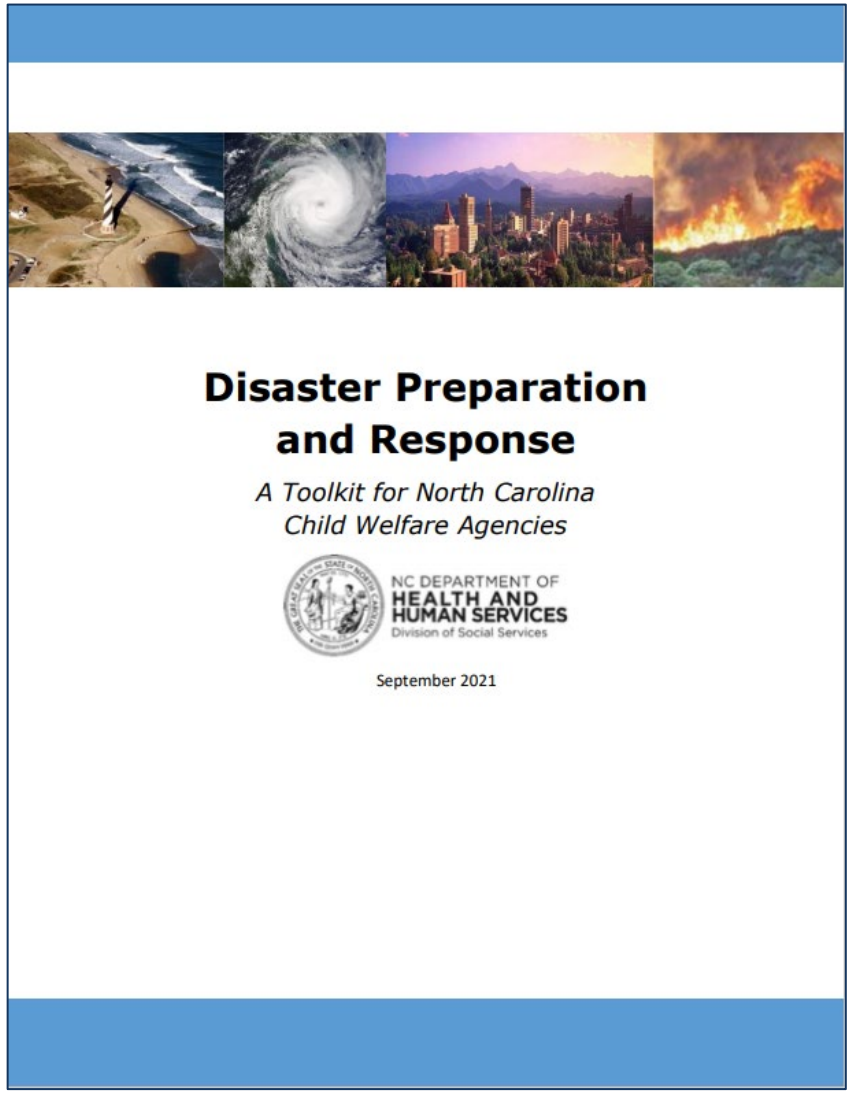
| | | |
|---|---|---|
| Hurricanes | Tropical Storms | Extreme Weather |
| Flooding | Snowstorms | Cyber Attacks |
| Tornadoes | Earthquakes | Public Health Emergencies |
| Landslides | Wildfires | |

- Federal law and NCDSS **require** child welfare agencies to have disaster plans to prepare for, respond to, and recover from disaster events.

- When a disaster occurs, **all public and private child welfare agencies** should be equipped to:

  - Identify, locate, and continue services for children
  - Respond to new cases
  - Communicate with case workers and other essential personnel
  - Preserve essential program records
  - Coordinate services and share information with other states and providers.

# CWS Disaster Preparedness




- The **Disaster Preparation and Response Toolkit** will support coordinated disaster efforts for all public and private child welfare agencies throughout North Carolina.

- This toolkit provides a trauma-informed approach to disaster management in three areas:

  1. Preparing for Disasters
  2. Responding to Disasters
  3. Recovering from Disasters

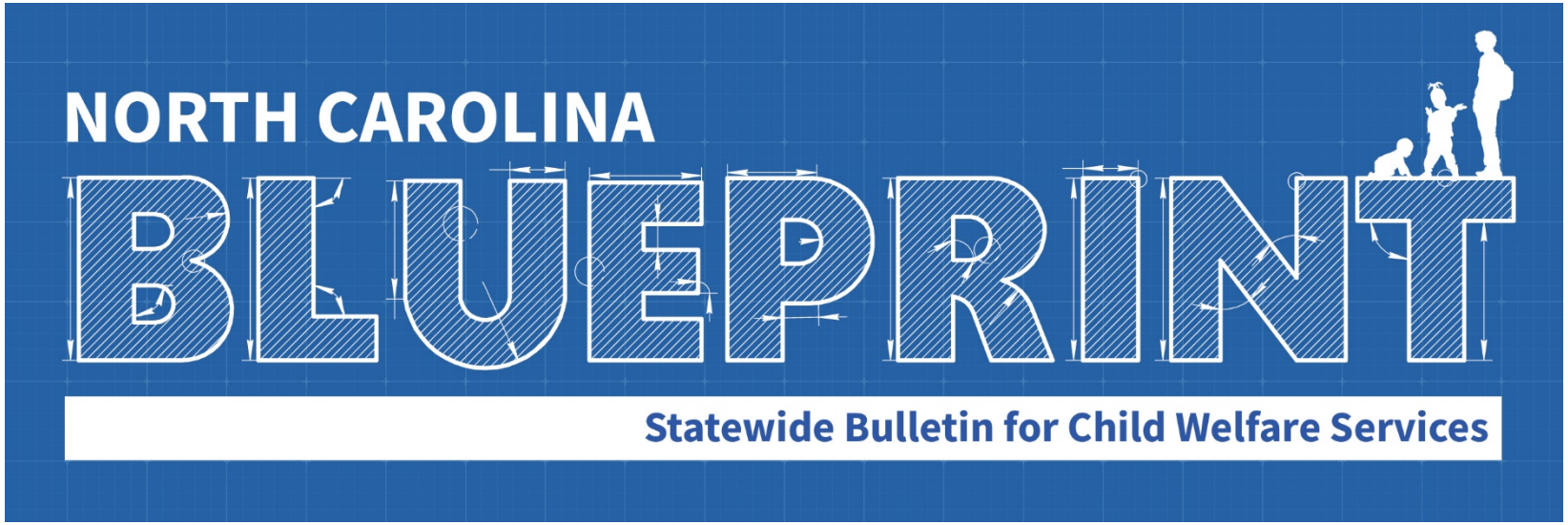
- NCDSS will host a **webinar on Sept. 22, 2021, 10:30 a.m.–noon** to introduce the Toolkit, go over federal and state requirements for disaster plans, and answer questions.

# NEW Communications for CWS

1) North Carolina Blueprint: Statewide Bulletin for Child Welfare Services

2) Law Change Notices

# North Carolina Blueprint




- North Carolina Blueprint is a new statewide bulletin for NCDSS to share helpful news, announcements, and events with CWS staff, providers, and stakeholders.

- **Blueprint bulletins do not replace DCDLs** but will cover a large scope of material – from useful resources, to NC proclamations, child welfare reform updates, new trainings, and more.

- Our goal is to provide the many dedicated professionals and agencies who do this work in North Carolina a shared blueprint to support our shared goals.

# Law Change Notices

**NOTICE:** A law has passed that will directly impact CWS in NC.

Brief list of law changes

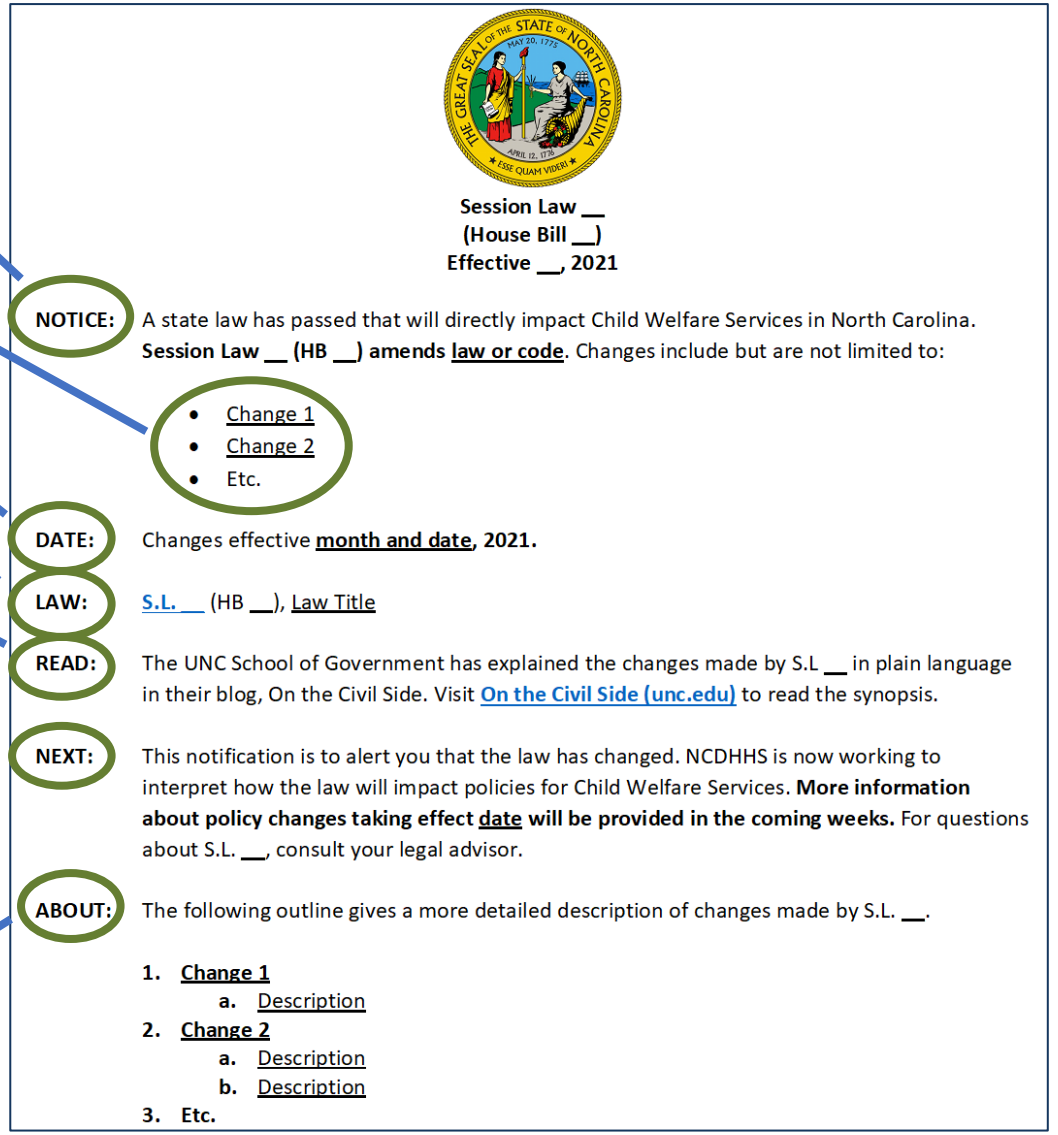
**DATE:** When law goes into effect

**LAW:** Link to law (pdf)

**READ:** Link to resource (ex. SOG blog)

**NEXT:** NCDHHS is working to interpret how the law will impact CWS policies. Info on policy changes will be provided soon. For questions, consult your legal advisor.

**ABOUT:** Detailed outline of law changes



**Session Law __**
**(House Bill __)**
**Effective __, 2021**

**NOTICE:** A state law has passed that will directly impact Child Welfare Services in North Carolina. **Session Law __ (HB __) amends law or code**. Changes include but are not limited to:

- Change 1
- Change 2
- Etc.

**DATE:** Changes effective **month and date, 2021.**

**LAW:** S.L. __ (HB __), Law Title

**READ:** The UNC School of Government has explained the changes made by S.L __ in plain language in their blog, On the Civil Side. Visit On the Civil Side (unc.edu) to read the synopsis.

**NEXT:** This notification is to alert you that the law has changed. NCDHHS is now working to interpret how the law will impact policies for Child Welfare Services. **More information about policy changes taking effect date will be provided in the coming weeks.** For questions about S.L. __, consult your legal advisor.

**ABOUT:** The following outline gives a more detailed description of changes made by S.L. __.

1. **Change 1**
   a. Description
2. **Change 2**
   a. Description
   b. Description
3. **Etc.**

# Child Support Services & Economic Services Updates

**Carla West**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

# August is Child Support Awareness Month

# System Modernization

## CURRENT STATUS

"To Be"

## COMING UP

Request for Information (RFI)

## SHARE YOUR THOUGHTS!!!

ACTS Modernization Questionnaire

For Attorneys - ACTS Modernization Questionnaire

Big thank you to our focus group members, State staff, and New South for all the hard work!

# 2021 STATE OF NORTH CAROLINA CHILD SUPPORT SERVICES

## FRONTLINE EMPLOYEE OF THE YEAR
Katherine Silvernail, Brunswick County

## MANAGER OF THE YEAR
Tracy Edwards, Vance County

## TEAM OF THE YEAR
Cheri Wood and Pam Podwel, Buncombe County

# PEBT Key Statistics Update, as of 8/12 (most recent issuance)

*Cumulative P-EBT for Students Issuances*

| Issuance Period | # of Students | Amount Issued |
|---|---|---|
| **Spring 2020** | 899,748 | $332,514,858 |
| **Fall 2020** | 655,708 | $109,368,385 |
| **SY 2020-21 (Aug20-Aug21)** | | $1,029,293,531 |
| *August 2020* | *803,118* | *$48,438,083* |
| *September 2020* | *522,929* | *$33,050,196* |
| *October 2020* | *902,625* | *$89,094,004* |
| *November 2020* | *897,182* | *$80,381,802* |
| *December 2020* | *894,040* | *$78,690,933* |
| *January 2021* | *891,202* | *$87,770,699* |
| *February 2021* | *891,628* | *$84,056,793* |
| *March 2021* | *902,272* | *$77,128,506* |
| *April 2021* | *865,350* | *$52,426,486* |
| *May 2021* | *873,698* | *$51,294,591* |
| *June 2021* | *388,461* | *$15,384,563* |
| *July 2021 (Summer)* | *884,205* | *$331,576,875* |
| **P-EBT Total (Students)** | **1,032,364** | **$1,471,176,774** |

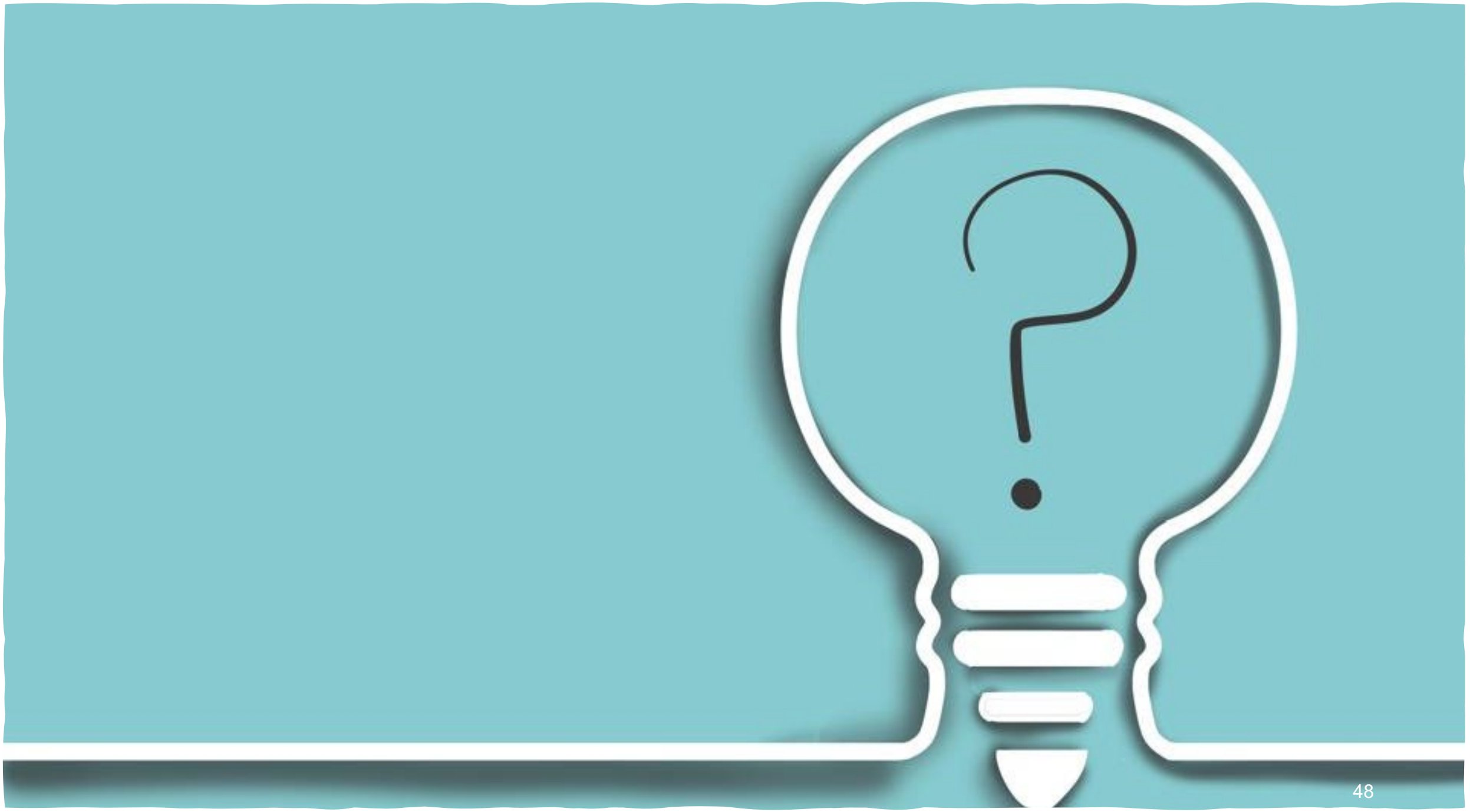
*Cumulative P-EBT for Children Under 6 Issuances*

| Issuance Period | # of Children | Amount Issued |
|---|---|---|
| **SY 2020-21 (Oct–Aug)** | | |
| *October 2020* | *226,094* | *$21,692,060* |
| *November 2020* | *223,050* | *$21,302,802* |
| *December 2020* | *224,540* | *$21,086,649* |
| *January 2021* | *225,703* | *$21,904,155* |
| *February 2021* | *226,547* | *$20,897,448* |
| *March 2021* | *227,139* | *$17,674,623* |
| *April 2021* | *224,482* | *$12,012,032* |
| *May 2021* | *220,903* | *$12,022,071* |
| *June 2021* | *128,162* | *$4,620,018* |
| *July 2021 (Summer)* | *224,797* | *$84,298,875* |
| **P-EBT Total (Under 6)** | **242,230** | **$237,510,733** |

*P-EBT Grand Totals*

**1,274,594**
Total children served

**$1,708,687,507**
Total issued in benefits



# Thank you for joining us today