

**I/DD STAKEHOLDER
MEETING MINUTES**

Date July 15, 2021 **Time:** 3:00 pm – 5:05 pm **Location:** Web-Conference

MEETING CALLED BY			Kenneth Bausell, Chair and LaToya Chancey, Co-Chair		
TYPE OF MEETING			DHHS I/DD Stakeholder Workgroup Meeting		
ATTENDEES					
COMMITTEE MEMBERS			STATE STAFF ATTENDEES		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Alisha Tatum	Lifespan	<input checked="" type="checkbox"/>	Alice Farrar	DVRS	<input checked="" type="checkbox"/>
Ashley Young	Stakeholder	<input type="checkbox"/>	Deb Goda	NC Medicaid	<input type="checkbox"/>
Ayelet Heckathorn	Charles Lea Center	<input checked="" type="checkbox"/>	Katie Visconti OR Monica Harrelson	DSOHF	<input checked="" type="checkbox"/>
Byron Hall	Stakeholder	<input type="checkbox"/>	Kenneth Bausell	NC Medicaid	<input checked="" type="checkbox"/>
Carol Conway	Stakeholder	<input checked="" type="checkbox"/>	Lauren Howard	DPH	<input checked="" type="checkbox"/>
Cindy Ehlers (phone)	Trillium	<input checked="" type="checkbox"/>	LaToya Chancey	DMH/DD/SAS	<input checked="" type="checkbox"/>
Danyale Sturdivant	Stakeholder	<input type="checkbox"/>	Mya Lewis	DMH/DD/SAS	<input checked="" type="checkbox"/>
Dakota Lanay Wilson	Stakeholder	<input type="checkbox"/>	Niki Ashmont	DSOHF	<input type="checkbox"/>
Despina Karras	Stakeholder	<input checked="" type="checkbox"/>	Pam Scott	DHHS	<input checked="" type="checkbox"/>
Dotty Foley	Stakeholder	<input type="checkbox"/>	Patricia Hill (Dana Holland)	CAP-DA	<input checked="" type="checkbox"/>
Erin Nantz	Cardinal	<input checked="" type="checkbox"/>	Sherry Thomas	DPI	<input checked="" type="checkbox"/>
Holly Watt	Provider Agency	<input type="checkbox"/>	Talley Wells	NCCDD	<input type="checkbox"/>
Janet Price-Ferrell	FIRST	<input checked="" type="checkbox"/>	Wrenia Bratts-Brown	NC Medicaid	<input type="checkbox"/>
Jenny Gadd	Alberta Professional Services	<input checked="" type="checkbox"/>			
Jessica Aguilar	Stakeholder	<input checked="" type="checkbox"/>	GUESTS		
Joan Fischer	Stakeholder	<input checked="" type="checkbox"/>	Amie Brendle	Stephanie Jones	
Jody Miller	Partnership for Children/Family Support Network	<input checked="" type="checkbox"/>	Anna Cunningham	Teresa McKeon	
Kerri Erb	Autism Society of NC	<input checked="" type="checkbox"/>	Bob Crayton	<i>Additional stakeholders called in via phone, which resulted in being unable to capture their name from the roster.</i>	
Lisa Nesbitt	DRNC	<input type="checkbox"/>	Christina Dupuch		
			Deborah Woodlard		
Mark David Patrick	Provider Agency	<input type="checkbox"/>	Janet Sowers		
Melvin Anthony Neal	DECI	<input checked="" type="checkbox"/>	Jennifer Kelly		
Richard Edwards (phone)	Community Based Care	<input checked="" type="checkbox"/>	Kathy Rekter		
Rita H. Oglesbee	T.L.C. Home, Inc	<input checked="" type="checkbox"/>	Lisa Gessler		
Robin Marx	Stakeholder	<input checked="" type="checkbox"/>	Marianne Ferlaz		
S. Michael Chapman	UNC TEACCH Autism Program	<input checked="" type="checkbox"/>	Michelle Harper		
Saskia Barnard (phone)	Corporation of Guardianship	<input checked="" type="checkbox"/>	Michelle Merritt		
Shirley Moore	Partners	<input checked="" type="checkbox"/>	Rachel Noell		
Tara Fields	Benchmarks	<input checked="" type="checkbox"/>	Ray Hemachandra		
			Sara Potter		

1. Agenda topic: Welcome

Presenters: Kenneth Bausell, I/DD Manager, NC Medicaid and LaToya Chancey, I/DD Team Lead, DMH/DD/SAS

Discussion	<ul style="list-style-type: none"> LaToya Chancey called the meeting to order at 3:00 p.m. and welcomed the members to the DHHS I/DD Stakeholder Meeting. Ms. Chancey advised Marilyn Thompson, DPI, is officially a stakeholder member. LaToya reviewed the meeting's agenda, on-line meeting protocol, and motioned to approve June's minutes with edits. The meeting's minutes will be posted to: https://www.ncdhhs.gov/divisions/mhddsas/councils-commissions. 		
Conclusions			
Action Items	Person(s) Responsible	Deadline	

2. Agenda topic: Public Feedback Received Outside of Meeting

Presenter: LaToya Chancey

Discussion	There was no public feedback received outside of the meeting.		
Conclusions			
Action Items	Person(s) Responsible	Deadline	
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3. Agenda topic: Medicaid Transformation Corner

Presenter: Kenneth Bausell

Discussion	<p>The following feedback was provided re: Medicaid Transformation:</p> <ul style="list-style-type: none"> The processes and forms are not clear for new individuals receiving their diagnostic that may need to change their Medicaid Management Care due to a need for additional services; The documents need to be in Spanish. In NC Tracks, the box is missing when selecting United Health Care and Vaya Health for kids under age 6. 		
Conclusions			
Action Items	Person(s) Responsible	Deadline	
• The mechanisms to transition in Medicaid Management Care will be discussed during the next stakeholder meeting.	Kenneth Bausell	August 2021	

4. Agenda topic: Competitive Integrated Employment (CIE)

Presenter: LaToya Chancey

Discussion	<p>The following feedback was provided re: CIE:</p> <ul style="list-style-type: none"> One of the barriers to better serve individuals with significant IDD is self-employment options. There is not enough support and guidance for providers to help individuals and their families walk through the process. In the Vaya area there are several successful self-employment options operated by individuals with IDD with the support of providers. Oftentimes management changes result in hours being reduced for the individual. (b)(3) Initial - LME/MOC's expect fading down regardless of goal progression after the supported individual has worked for a year which results in less utilization of the service but providing additional unreimbursed supports to help the individual maintain employment; Additional Training needed for UM on Supported Employment definition. Enhanced Supported Employment service is needed for individuals that need additional supports to maintain employment. 		
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	<ul style="list-style-type: none"> • Most significantly challenged individuals on the spectrum need ongoing support to maintain employment. These individuals may never be able to be faded out to zero support. • Is there a need for a tiered SE definition (i.e., residential supports) to meet more diverse needs? • What percentage of individuals 16 yrs. and older utilize SE? • There is a need for VR specialist that are specifically trained on how PASS plan works and how to do self employment properly to follow the SSI/SSDI rules. • Barriers include costs of transportation, attending conferences, seminars to do booths, and the real fact that it takes on average 18 to 24 months to help those with higher needs to be trained appropriately. • The 90 day VR follow along is not adequate. • More frequent training sessions but for shorter time spans. • A direct tie in with regional SSA office in Atlanta to help with using specific Medicaid clauses that are allowed in the Social Security benefits POMS. • When helping individuals to find jobs consider the overall quality of the individual's life. • With respect to SE, is there a place for establishments that cater to I/DD, like Extraordinary ventures, which is entrepreneurial? • Need to allow for settings where Peer Mentor employment training to take place in a way that does not count against the CIE global definition. • Training needed to understand how Supported Employment definition can be used properly to support individuals in the community to gain needed skills, knowledge, and experience.
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Conclusions					
Action Items	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>•</td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	•	
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5. Agenda topic: Direct Support Professional (DSP) Workforce **Presenter: LaToya Chancey**

Discussion	<p>The following feedback was provided re: DSP Workforce:</p> <ul style="list-style-type: none"> • A livable and professional wage is needed for services, Developmental Therapy. Additional QPs are needed for additional paperwork requirements by LME-MCOs. • Need to offer decent wage to DSPs now post-COVID. • Unrealistic paperwork and requirements for the DSP. Oftentimes DSPs are paid for only contact hours and not travel or during completion of paperwork. T becomes an issue when the DSP is earning less than the individual they are supporting. • The lack of Vocational Rehabilitation counselors impacts the ability to do business use to high turnovers. • High turnover is an issue with DSPs across the board which impacts the service quality for the individual being supported because they don't get the continuity of care. • Requiring additional trainings by QPs at a computer is an issue. Hands on training is more effective. NCI Restraining Training should be phased in instead of using 15 hours for agencies that don't utilize restraining. • There should be individualize training based upon the individual. • Innovations requirements oftentimes don't match provider training requirements to start employment. • It is important that DSPs have the trainings for their consumers. Unfortunately, one DSP left a child unattended because they were properly trained. • Consider universities, junior colleges, and individuals with lived experience to recruit with pay and professional growth incentives. • Providers shouldn't have to read 4 or 5 manuals to understand the rules. It's just too much paperwork on QPs that could be supporting the DSPs. • Skill sets needed can be very different depending on the actual job tasks and interpersonal skills in the workplace for both the DSPs and the individuals being supported. The individuals rely on the social capital that the DSPs provide in the workplace. • There is a real need to do NC mandatory DSP reporting to DHHS. • You can't get long-term goals unless you can recruit DSPs to develop long-term goals.
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	<ul style="list-style-type: none"> • Would NC consider credentialing individual direct care staff to be sole providers that would both be responsible for the admin work and also provide direct support? For direct care staff that love what they do but want to make a professional career out of working with individuals this seems like a win-win. • The latest AAIDD federal research from Univ of MN reported that 25% of the Medicaid-funded DSPs permanently gone from the workforce • Is the Department active and loud in its leadership and advocacy with the NC Legislature and publicly right now, as the House formulates its response to the Senate's budget, for ensuring an increase in Innovations Waiver DSP pay to match wages at state developmental centers (the Innovations Waiver is the largest funding source for people with IDD in our state and covers the largest group of people covered by any Medicaid waiver in N.C.) in order to address the urgent Innovations workforce crisis; for increasing Innovations Waiver slots; and to increase—not decrease, as in the Senate budget—single-stream (including RUN waitlist) funding? And how have these priorities been reflected explicitly in the Department's own plan for the HCBS FMAP Spending Plan for the 10% increased federal match? • The key is finding good DSPs who can do the Supported Employment work well and also training support for those DSPs who are interested. • The workforce crisis is much larger than reported as you need to do deeper analyses to get to lean six understanding of the real situation that exists at the trench level and the true liability and risk that the state, LME-MCOs, providers, families and MOST importantly the individuals with I/DD have. • Need to understand the various levels of needs that exist in the community and paying same rate or only a little more for the support given by DSPs for those with more complex needs who require higher level of knowledge, skills, and experience. • Currently, the NC DSP Workgroup have a long range plan of which we have prioritized the first action step to advocating for raising the wage for NC INNOVATIONS DSPs to the same rate for the same work that is performed by the DSPs in the state facilities.... Not paying the same rate for the same work is violation of Olmstead Act. Community DSPs should be paid same minimum wage for the same work as the state facility DSPs. • Consider offering workforce training programs from the high school career and technical education healthcare career options, post-secondary education, apprenticeship programs, and linking with university systems to develop ways to offer practicums for those going into other healthcare fields to engage with the solutions in this arena. • What will be the incentives to getting more training for the DSPs? This needs to be clearly understood by all. • If training is vitally important, maybe an "authorization" from the MCO/NCDHHS to pay for it for each staff member. • Need to know the impact of providers who do not reimburse or give allowance for mileage in the community and the types of activities that the individual being served does in the community. • Totally support all DSPs. The NC DSP Workgroup does highlight the NC Innovations DSPs funded by HCBS Waiver funds. • What categories of DSPs were included in the data? 	
Conclusions	Anyone interested specifically in this very critical need in NC can join the NC DSP Workgroup by contacting Annette Smith at nettersmith@yahoo.com or Anna Cunningham at arhams63@gmail.com.	
Action Items	Person(s) Responsible	Deadline
Provide clarification regarding DSP training components	LaToya and Kenneth	November 2021

6. Agenda topic: Innovations

Presenter: Kenneth Bausell

Discussion	<p>The following information was provided re Innovations:</p> <ul style="list-style-type: none"> • Consider looping in DHSR on training requirement clarifications. • Consider reviewing service definitions to ensure the correct assessments are required for individuals with developmental disabilities only.
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	<ul style="list-style-type: none"> Technology in service definitions is a wonderful way to increase access to community for many. 				
Conclusions	Jennifer Kelly provided the workgroup the following the link regarding the American Rescue Plan: https://medicaid.ncdhhs.gov/media/9910/open				
Action Items	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline		
Person(s) Responsible	Deadline				
<ul style="list-style-type: none"> New Futures program will be added to the next stakeholder meeting. Jessica Aguilar’s document regarding SE and the waiting list will be disseminated and discussed during the next stakeholder meeting. Case support definition 					

10. Agenda topic: Public Feedback

Presenter: Attendees

Discussion	<p>The following feedback was provided:</p> <ul style="list-style-type: none"> Ray Hemachandra - Is the Department active and loud in its leadership and advocacy with the NC Legislature and publicly right now, as the House formulates its response to the Senate’s budget, for ensuring an increase in Innovations Waiver DSP pay to match wages at state developmental centers (the Innovations Waiver is the largest funding source for people with IDD in our state and covers the largest group of people covered by any Medicaid waiver in N.C.) in order to address the urgent Innovations workforce crisis; for increasing Innovations Waiver slots; and to increase—not decrease, as in the Senate budget—single-stream (including RUN waitlist) funding? And how have these priorities been reflected explicitly in the Department’s own plan for the HCBS FMAP Spending Plan for the 10% increased federal match? Anna Cunningham - Advocate directly with the legislators, specifically the Health and Human Services Appropriations Subcommittees, House and Senate, and your local reps to make sure to increase wage for NC INNOVATIONS DSPs, increase Single Stream funding, and to increase the NC INNOVATIONS slots. These are the critical items that need funding just to try to maintain current level of services for those already on the waiver and to increase the number of individuals being served on the NC INNOVATIONS Waiver. This is how very critical this is- no one gets "more". We are trying to even continue trading water while increasing access for others and hopefully reducing the number of individuals / families in crisis. 	
Conclusions		
Action Items	Person(s) Responsible	Deadline

11. Agenda topic: Future Agenda Items

Discussion	No feedback provided.	
Conclusions	<ul style="list-style-type: none"> Jessica Aguilar will be presenting a document during the next stakeholder meeting. The American Rescue Act DPI discussion New Futures program Additional details regarding I-options as NC move to TP (1915 vs 1115) Process to transition Medicaid Management Care 	
Action Items	Person(s) Responsible	Deadline

Meeting Adjourned 5:05 p.m.

Next Meeting: The next meeting is scheduled for Thursday, September 16, 2021 from 3:00 p.m. – 5:00 p.m. Via WebEx.