



Final Transcript

STATE OF NORTH CAROLINA: BHIDD Consumer Call Covid-19 Update

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SPEAKERS

Dr. Michelle Laws
Director Victor Armstrong
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Michelle
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PRESENTATION

Moderator Ladies and gentlemen, thank you for standing by. Welcome to the BHIDD Consumer Call COVID-19 Update. At this point, all the participants' lines are in a listen-only mode, however, there will be an opportunity for your questions. It will be anonymous today. [Operator instructions]. As a reminder, today's call is being recorded.

I'll turn the call now over to your host, Dr. Michelle Laws. Please go ahead.

Dr. Laws Hello, and thank you again, everyone, for joining the call, our Behavioral Health and IDD consumer families and community stakeholders. We know that there is a lot of information that is being shared through different channels and mediums, so we want to thank you for joining this call.

As we mentioned before, we will continue to host the call on every Monday. Please make sure you have it on your calendar if there is an interest for you to continue to participate. Every Monday at 2:00, we will host this call specifically for consumers, family members, and other community stakeholders that work with consumers and families.

So, again, without further ado, I want to pass it to Director Armstrong. We will follow the same procedure as we've followed in the past, and he will then talk to our partners at the Division of Health Benefits NC Medicaid. Director Armstrong.

Director Armstrong Good afternoon, and thank you, everyone, for joining us. It's always a pleasure for us to be able to talk to you and just give you some updates and be able to ask any questions that you have. Of course, we continue to focus our attention on dealing with COVID-19, and hopefully, this information that we share with you helps you to better understand some of the resources we're making available and some of the things we're trying to do to help to make sure we can get resources in the hands of people who need them when they need them.

One of the reasons that we do this call every week is because one, we want to be very transparent in what we're doing and try to help you to understand the resources that we're putting into play, but also it helps us to be more responsive to you as we're able to not only share information with you but also hear back from you where your questions are and where you may need some clarification on things or where you have questions about how to access certain resources.

We are continuing to try to get more resources into the hands of our provider community and into the hands of our LME/MCOs. One of the things most recently that we are very proud of is that on April 30th, FEMA announced that we'd be eligible to apply for a Crisis Counseling Program Disaster Fund in response to COVID-19. We acted very quickly to get an application submitted on that same day.

We planned to leverage those Crisis Counseling Program dollars for a couple things. One is to support our hope for North Carolina help line that provides crisis counselors to be able to talk with people who are in crisis and try to connect it to resources, but then also to provide additional counseling services connected to that line to provide emotional support for folks in the community and to help them to build coping skills and resilience to respond during a time of crisis.

There will be more information forthcoming on that. We'll be releasing a press release outlining how to access those services a little bit more and about the intent behind those services. Again, it's indicative of the work that the department is doing in trying to make sure that we're accessing every resource possible to help to both combat COVID-19 and also to make sure that we are speaking to the needs of our behavioral health community.

With that, I am going to turn it over to my colleague, Deb Goda, who will give you a few updates from the world of health benefits, and then we'll open it up for questions. Deb.

Deb

Thank you so much, Victor. Good afternoon, everyone. I wanted to just give you a little bit of a walk-through on the updates we've had that are posted in our special Medicaid bulletin section. For those of you who are also receiving personal care services or home health services, I would ask that you look at bulletins number 73 and 72 on personal care services, telephonic assessments, and additional home health clinical coverage policy provisions.

Special bulletin number 75 outlines the telehealth and virtual patient communication clinical modifications for Innovations, TVI waivers, and developmental disability state-funded services. So, that will be outlining those services that can be provided via telehealth, two-way, real-time communication.

Our number 78 is also around a telemedicine and home visit for medical conditions. Then, our 76, which I skipped over, is the telehealth and virtual patient communication for behavioral health service flexibilities for B3 services. So, that outlines those services that may be provided telehealth, two-way, real-time, interactive communication, and telephonic. So, I would encourage you to look at both of those, and look forward to answering any questions that you have on those.

With that said, I would like to take this to Dr. Laws for the next portion of our program.

Dr. Laws

Wonderful. Thank you Director Armstrong. Thank you, Deb, for your updates. You may have heard, or you may not have heard if you got on the call late, we received some feedback that people didn't feel comfortable asking their questions because they had to identify

themselves. So, we have changed that format. We want to make this as user-friendly as possible, so we've changed the format to make sure that you do not have to, or set it up so that you do not have to disclose your identity or your name at the time that you ask or the call is open to you.

So, for further guidance on submitting your questions, the AT&T moderator will take over at this point, and then Suzanne Thompson will come on after questions.

Moderator [Operator instructions]. First, we will go to line 203. Please go ahead. Your line is open.

W Good afternoon. I just want to say thank you, guys, for all that you do. The parents really do appreciate this information. It's very helpful. My question today applies to my particular situation. My son receives the Innovations waiver. He is under the age of 18. Due to his medical fragility and his compromised immune system, we are not allowed to have direct support professionals at this time.

I am wondering why the Innovations waiver parents are not allowed to be hired as caretakers, and I'm under the understanding that the CAP C [ph] parents are also doing that at this time, and they have been given permission, but we have not.

Deb Thank you for that question. We have submitted another Appendix K to CMS to request that parents of minors be allowed to provide services, and that has been submitted to CMS last week, so we are just waiting on approval from them to do so.

W Okay. Can I ask one more question? Can that be, if it is approved, how do the parents find that out, and also is that retroactive?

Deb It will go back to the date that it is requested, which would be last week, and you'll be notified. We have a special bulletin page where we post all of our notifications, but we also have what's called a rollout plan, so the bulletin announcement is sent out to the provider agencies, provider associations, the MCOs, the advocacy groups, so your provider should be notified that that is occurring.

W Okay, thank you so much.

Deb You are quite welcome.

Moderator Our next question is from line 204. Please go ahead. Your line is open.

W Thank you very much. Helping individuals to be able to survive during this time that do not have access to phones or computers, what would your suggestion be at this time, who are in need of mental health services? Do you have any suggestions how we can reach them?

Deb If they do not have telephones, that's a very difficult question, and I'm also going to reach out to the other panelists on this call for their suggestions. I would consult with your MCO. I know that some of the MCOs have provided telephones for some individuals. I think that if the issue is wireless networks that some of our medical providers have found that their individuals can go and park in the parking lot at McDonalds to get access to be able to do telehealth visits on their phones.

Anybody else hearing of unique things?

Director Armstrong Just to follow up on that, I do think it depends in part on what the obstacle is. If it is an issue where a person does not have a phone, does not have access to a phone, I would encourage you, as stated, to check with your MCO. There are some MCOs that are finding resources to help provide phones to people, particularly during this pandemic when folks are socially isolated.

Then, again, I do think if it's an issue of having a phone but not having internet access, not having wireless access, that again, may be an opportunity for someone to go to a place where they can access a wireless network.

I would say start with the MCO. Talk about the challenges that you're having, and see if they may already have something in place to address that particular need.

W Thank you very much.

Moderator Our next question is from line 81. Please go ahead.

W Yes, can you hear me? My question is I'm deeply concerned about what's going on with seniors and people with disabilities living in congregate living environments. I've heard all kinds of tales including that they're not able to send and receive mail right now which disturbs me greatly.

When it comes to these online appointments, and you make an appointment, and a lot of seniors don't have the same technology skills that the younger folks have, and you tell them you would rather just have a telephone consultation, and they don't even bother to keep the appointment. Do they make more money if they get on the computer with your or something? I mean, what happened to meeting people where they are with the skills that they have?

Deb I think it's very well understood that, for the most part, face-to-face is the best way for someone to interact with their provider. However, in the time we're in now with the health risks, especially for folks who are over the age of 65 and have compromised immune systems and coexisting medical conditions, the safest thing is telehealth or telephonic.

I think we are trying our best to strike that balance—

W I don't have a problem with telephonic, but I do have a problem with some of these other platforms on the computer, and I know other folks that feel the same way, so they're just going without appointments. What's really bad to me is when you make an appointment, and you stress that you want it to be over the telephone, and they don't even think you're worth it to have that appointment if you can't do the computer skills stuff.

Suzanne I'm not certain if, for providers, it's not always an unwillingness to get on the telephone. It's that there are certain services that can't be provided telephonically. So, I would refer to—

W —more people that are aging ending up in hospitals and congregate living facilities because you're not meeting them where they are. I think you need to expand the TCLI program and get them out of these places so they're not put in there where they're at greater risk of dying. [Overlapping voices]. Are you keeping records of the people say with mental health that are younger than 60 that are in these places and dying?

Deb TCLI is a wonderful program, and the efforts that they have made, I think they've made really good inroads, so your point is very well taken.

W Thank you.

Director Armstrong I would add if there are situations that are—because I'm not sure if part of what you're describing is not a situation where you feel like the person is

not being responded to correctly, that there may exist the opportunity for a telephonic service, but the provider is not being responsive to that or not offering that.

So, if that's the case, if you're running into those kinds of issues, I would say talk to your MCO about that if you have a provider that is not being responsive and doesn't seem willing to offer a service that is approved. I would bring that to the attention of the MCO.

W Thank you.

Moderator Our next question is from line 214. One moment. We'll open up your line. And, 214, your line is open.

M Okay. In order to use the telehealth, the services, the Innovation services, do we have to bill with the new codes GT and CR, and how do we bill with those?

Deb That's a really good question, and the bulletin outlines the services that can be provided via telehealth, and then it also tells you how to bill for it. So, if you are providing the service via telehealth, you would bill—like community supported employment—you would bill the GT modifier and the CR modifier if you were doing that via telehealth.

Dr. Laws Deb, can I jump in here? Let me jump in. This is Dr. Laws. We have a provider call on Thursday. We really want to reserve this space for consumers, family members, and community stakeholders that work with consumers and families directly to get to some of the questions that they have. So, Deb, you can continue, but I'm asking please if you are a provider on the call, please let's reserve this time for consumers and families. Thank you.

Deb Thank you for the reminder, Dr. Laws. You would bill GT because it's being telehealth, and you would bill CR because it's done under the flexibilities due to our emergency situation.

M I appreciate it, and I apologize.

Deb No worries. We'll see you on Thursday.

Moderator We do have a follow-up from line 204. Please go ahead.

- W I just wanted to say have you heard of any recent updates for the COVID-19 at this time that you're willing to share how we're doing?
- Dr. Laws Yes. One, there's going to be a new executive order issued by the governor this week, and in addition to that, we are trying to keep the data in terms of confirmed COVID counts—well, we are keeping the data in regards to confirmed COVID counts in deaths broken down by different demographics as well as setting, places on the dashboard on our website.
- I do know that one of the consumers on the call, or they least said that they would be joining the call today, brought to my attention that we move things around a little bit, and it's not as easy to find some of the guidance, the executive orders, and so forth. So, I've made note of that that since moving it around, it may be a little more challenging for people to find the COVID updates by executive order and guidance and policy.
- If you still go to DHHS's website, then you click on COVID Disease 2019, there's a blue box that will come up. It will give you all the recent updates. Does that help, or was there anything specific you wanted to talk about?
- On everybody's mind is the phase 1 part of our reopening the state which takes effect this week, granted it meets the four indicators that the secretary has discussed in public [audio drops], including that we're not seeing spikes in deaths and confirmed cases, hotspots, so to speak.
- W Thank you.
- Moderator Our next question is from line 282, but before we open up your line, just a quick reminder. [Operator instructions]. So, 282, your line is open.
- W Great. Hi. I think that was my line, and I apologize, I jumped on late. I have a question about requirements for masks. I'm going to assume that going forward for all of us in the next several weeks it may be a requirement to wear masks out in public or in public buildings.
- How can the department help us with people with intellectual and developmental disabilities who may not want to wear masks? If this was already answered, my apologies.
- Deb That is a very good question, and one that may need to take some thought. Go ahead.

- Dr. Laws Thank you, Deb, exactly. Thank you, caller, for that question. I have been helping with some of the language around the face mask guidance and requirement, so I will elevate that to the team that's working on this right away. I'll send that right away.
- W Can you give us a sense of when we'll know more about it?
- Dr. Laws It will be coming out in the new executive order that will be issued by the governor early this week.
- W Okay. I'm sorry. Second part, part B to that question. Any more guidance or policy from the department on family members being able to accompany people with intellectual developmental disabilities to the hospital?
- Director Armstrong I knew that question was coming, and I have just this morning been kind of passing some emails back and forth with folks both from Health Benefits and from BMH. We are finalizing the wording on that. We do have some guidance on our website around the ADA requirements and the Council of Civil Rights requirement, but we're putting out our own press release on that.
- Hopefully, it will be out within the next couple days. I think the final wording of that is being vetted, and I know we've been saying this for weeks that it's coming, it's coming, it's coming, but I do not believe we'll have another call a week from today and have that same answer that it's coming because I do believe we'll have something out in the next day or so.
- W Okay, and if families need to—I would love it to be easily accessible for families. Sometimes I do find the website kind of hard to navigate.
- Director Armstrong That is also one of the things that we had been looking at towards the end of last week and through the days looking at how we make sure it is where consumers and family members can find it on our website. So, hopefully, that will not be an issue.
- I will say though that one of the things that we do want to make people aware of is that we will offer guidance. We will offer information to folks about where to go if they find that hospitals or facilities are not addressing the needs the way that they feel like they should, but we do want to

caution people that when you go into individual hospitals or emergency departments that hospitals do set their own visitation restrictions.

What we want to offer is guidance to help people understand when those rules and when those laws are being violated, but there may be some variations from one hospital to the next on how they initially interpret the guidelines, particularly if it's a facility where they do have COVID-19 outbreak or where they have limited space and limited ability to try to separate people, so we do want to help people to know where to go for the information if they feel like their rights are being violated.

Again, we want to caution people that it may look different from one facility to the next depending on the resources that facility has available.

W Okay. Thank you.

Moderator Our next question is from line 294. Please go ahead.

W Yes, I have a question about those facilities that are categorized as a group home. How did they receive COVID-19 guidance? I have this question because my daughter is in such a facility. It's not a group home, but it's licensed under that, and they weren't social distancing when I took her there, and they were not wearing masks until I brought it to their attention, and three days later, they started it.

Deb That is a good question. So, we have had a group that has worked on long-term care setting guidance to get that information out to the group homes. I'm looking right now to see where it's posted.

W Okay, well April 9th is the best practices guidelines where it states in there, and there's something else called guidelines for something. It's there, too, but April 9th—I finally got somebody on the phone this past Friday, May 1st, and they hadn't known about it until I notified them.

Michelle This is Michelle from DHSR. I'm the acting chief off the Mental Health Licensing section, so we license group homes. I can understand why you're so concerned. That concerns me a great deal as well.

We have sent out numerous email blasts to all of our licensed providers referencing not only the information that Deb Goda mentioned a second ago but also further updates, and we've encouraged all of our facilities to work with their local health departments. We have had lots of facilities

call us that they are having extreme difficulty in getting PPE, so that may be one account for use. I would be concerned if you spoke to someone at the group home who did not understand what the current guidelines were for social distancing.

Now, the flip side of that is depending on the size of that particular facility, it's like in my home, I am not social distancing myself from my immediate family. I'm not wearing a mask when I'm inside my own home, and we may sit at the dinner table together. That's in a very small, residential setting.

In a larger congregate setting, we've advised people not to use congregate dining. Does that make sense?

W

Well, it does to an extent, but these are—they have shifts. They come in and out. It appears to me that there are three during the day, and I believe there are two at night, and then obviously they don't work every day. So, who knows, there's 10, 12 people servicing this place.

They're not wearing masks when they come in. I was told, "Well, we've told them to wear masks when they're out in public, and if they go to the grocery for us or they have to go to the pharmacy, and we've told them to stay at home, and we've told them that they should social distance when they're not at work."

I'm like, okay, but you're exposing my daughter every time you come in here. In fact, I did contact somebody at the DHHS, and I was told they should be following these guidelines. It wasn't that they didn't have masks. A worker in the house told me, "We have masks. It's optional if we wear them."

The director of the facility told me they had all these plans for COVID-19, and they had never thought about masks. Now, I don't understand how that could be.

Okay, I'm done. I just wondered, they got mailings is what you're telling me as to how they should handle things.

Michelle

Yes, ma'am.

W

It wasn't like they had to go look it up themselves, and we can blame it on taking no initiative.

Michelle Correct.

W Okay. Thank you.

Michelle Thank you.

Moderator Our next question is from line 164. Please go ahead.

Ron Hi. This is Ron Lowe [ph]. I listened intently to the governor's news briefing the other day. Firstly, I'd like to say thank you. It sounds like a lot of the suggestions that happen on this call have a trickle-up effect, and some of these issues that are talked about are addressed during the governor's news conference.

My suggestion or my question is this. Is there a way that the state can partner with the cell phone companies in doing some sort of an educational blast, if you will for lack of a better term, either via through email or through texting to get the word out to more people about what is available on the state's website and how to access different things that they might need to access?

The cell phone companies, they know what room we're in in the house probably, so they have a way to contact everybody in the state. It's just an idea that I had. I'm done. Thank you.

Deb Thank you very much.

Moderator Before we go to line 31, a quick reminder. [Operator instructions]. Line 31, your line is open.

Jean Good afternoon. This is Jean Anderson. This is a two-parter. Victor, Dave, Kody, Michelle, and the teams, I just want to thank you for all the hard work you're doing, and especially my personal issue which is trying to have access for caregivers, specifically family members, but caregivers in general folks that are hospitalized.

I do know that even when direction is given that circumstances differ. I want to urge folks to be prepared, so before a hospitalization happens, make notes for yourself on what your reasoning is and your justification that you are not a visitor. You are a caregiver, and have those materials with you.

I also suggest speaking to your primary care physician and perhaps a letter of medical necessity of accommodation for your family member might help ease the way for hospital staff to understand why it's necessary for you to accompany your family member.

You know, they have allowances for children who are under 18. They have two family members present even through COVID, and it's my personal feeling that folks with cognitive disabilities should have that same opportunity to have a family member for the very same reasons, to help them understand and to ease anxiety for everyone involved.

That's all, but I just wanted to say thank you for working on that so hard.

Director Armstrong Jean, thank you for kind words, and I do want to just reiterate something that you said because I do think it's very important that people prepare as much as possible in advance before going into medical facilities. It's one thing for us to provide guidance for what to do if you're met with resistance; it's another thing to be prepared going in because oftentimes, it is what is communicated to that facility or, as Michelle said, going in may make the difference to how they respond to a person coming in—a caregiver coming in with someone who has cognitive disabilities.

Our position is that for a person with a cognitive disability, their caregiver is an extension of that person, but again, it may be interpreted differently at a facility, so it's very important for the caregiver to be able to articulate to the facility why they need to accompany that person, what their purpose is so they don't feel like it's just a person who is just wanting to accompany that person as a visitor, but that they are there because they provide care and provide a resource to that person to be able to understand how to navigate the healthcare system.

Thank you so much for that.

Moderator We have a question from line 28. Please go ahead.

W Hi, this is sort of a follow-up to the last call. I'm the parent of two adult children who both are on the Innovations waiver. I'm deeply concerned that the medical system as a whole through the COVID pandemic is not prepared for the needs of people with intellectual developmental disabilities, for example, someone who has a behavioral concern along with an ID diagnosis who has to do a drive-up testing with a nasal swab. I

know that personally, I'm not sure what that would look like for either of my children, and I'm deeply concerned about what you're discussing with the hospital.

I want to know what the state is doing to prepare systemically for people with intellectual developmental disabilities such as training, certain hospital settings, or are you working with agencies that provide direct care to, perhaps, open up a testing site that might be comfortable or more familiar to people with intellectual developmental disabilities.

Director Armstrong One of the things that we are looking at right now as part of the Carolina Community Tracing Collaborative, which is a partnership with TCNC [ph] and AHEC, where we're trying to expand tracing in the community so that we can find out where people are who have been exposed to the virus, and then how we can better trace where those people are who they're coming in contact with, and we're trying to put people on the ground in those communities who are trained and who understand the people in underserved communities.

It is part of our intention that for people who live with behavioral health challenges, we have historically been an underserved community, and so we're trying to make sure that we have folks in those communities who do understand the needs of people with intellectual disabilities, people who understand the needs of folks with severe mental illness, [indiscernible] disorders so that we have folks on the ground in those communities whether they're testing or whether they're tracing, they do understand those needs.

So, those conversations are happening. I do agree that our healthcare community has been woefully underprepared in how to respond to people with behavioral health needs. Unfortunately, the COVID-19 crisis fell upon us before those organizations and systems could be prepared to address those needs, but we are working with them.

We're trying to make sure that we're educating folks in the community. We're trying to make sure that we are getting information and resources in the places where people can access them including, as we're looking at how to expand testing needs and how to expand tracing, how do we use the provider community, how do we use folks who lived experience, how do we use facilities and people that are familiar to those folks who have customarily received those services.

So, those conversations are happening. We are aware of the deficiencies, and we're trying to prepare the community to better be able to not just respond in the midst of COVID-19 but going forward how we better prepare the healthcare system to deal with individuals who have behavioral health needs.

W Just to say that you would lower the anxiety level of a great deal of parents and individuals who understand what's going on if they know that there was a place that they could go, or if you would work in cooperation with local companies that provide direct care services to a great deal of these individuals that you serve. Those agencies already understand the individuals that they serve, and perhaps if you spoke with them directly, that would help.

I understand that this is difficulty because it came upon us very quickly, but I will also tell you that parents are looking for reassurance from you, and at this moment, I don't feel reassured.

Deb Thank you for your feedback on that, and thank you for the ideas. This is how we push forward and get better. So, thank you for bringing it up.

W I appreciate you being there. Thank you.

Moderator With no further questions, I'll turn it back to the presenters. Please go ahead.

Suzanne Good afternoon. This is Suzanne Thompson. I want to thank everybody for your participation and attendance today. As Dr. Laws said at the beginning of the call, these are weekly calls. The call-in number and access code does not change. The only thing that changes on a weekly basis is the closed caption link, and we will make sure that those announcements are sent out earlier than the day of the call for people.

Also, if you have questions that you didn't think of today or we didn't get your question answered, if you will go to the Division of Mental Health website in the middle of the page, there's a box to click on the link, and you can actually type in your question in that box, and we will get you an answer. Thank you, and that concludes our call for today.