



Final Transcript

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

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SPEAKERS

Dr. Michelle Laws – Director, Office of Consumer and Community Engagement

Victor Armstrong – Division Director

Dr. Carrie Brown – Chief Medical Officer Behavioral Health & IDD

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PRESENTATION

Moderator Ladies and gentlemen, thank you for your patience, and thank you for standing by. Welcome to the BHIDD Consumer Call COVID-19 Update. At this time, all participants are in a listen-only mode. Later, we will conduct a question and answer session and instructions will be provided at that time. [Operator instructions]. As a reminder, today's conference is being recorded.

I will now turn the call over to our host, Dr. Michelle Laws. Please go ahead, ma'am.

Dr. Laws

Thank you, and thank you, everyone, for joining us; all of the consumers, the family members, and our community stakeholders. We will try and have these calls on a regular basis weekly on Mondays at two o'clock, so we're hoping that you will save that date.

There are a few things that I want to share with you from a broader perspective in terms of what DHHS is doing, and then I will pass it to our Division Director, Mr. Victor Armstrong, who will give you more specific updates related to behavioral health and IDD or the Division of Mental Health Developmental Disabilities and Substance Abuse Services. We also have on standby to answer questions some of our lead team members and subject matter experts, including Dr. Carrie Brown, as well as well as Renee Rader, and others will be joining.

One thing I want to do is to say thank you again, and we are glad that and hoping that you and your families are weathering this very challenging time and are continuing to maintain good health and are safe wherever you are.

Some of the highlights of recent actions and resources as it pertains to the department I'd like to provide or share with you is that we're continuing to support families and our consumers. Specifically families are receiving enhanced benefits to ensure food access. Childcare access and financial assistance is available for essential workers.

The COVID-19 dashboard is updated on a regular basis, and you can continue to check our website at www.ncdhhs.gov/coronavirus. We also have a new video on reducing anxiety and stress that's available, and our very own Dr. Carrie Brown led a recent video recording teaching people and educating people about how to cope, and she can share more about that later in the call.

There's also an executive order as many of you may know that prohibits utility disconnections and an executive order that gets equipment to healthcare workers, schools, and local governments. There's also the daily Monday through Friday press briefings that continue that involve or include our governor, Governor Cooper, as well as our very own Secretary of Department of Health and Human Services, Dr. Mandy Cohen.

In addition to that, we want to remind you that there are ways that you can stay engaged and continue to submit your questions. One quick way to do that is by going online to our division website and clicking in the box that says questions or Behavioral Health and IDD questions. There's also going to be a link to Dr. Brown's video that will be posted sometime today I think or at a later time certainly on our website, and I think it is on DHHS' website, but a link will be provided to all consumers and families.

We also want to remind you that we are still working, and so please feel free to continue to reach out to our team members at the Division of Mental Health, Developmental Disabilities and Substance Abuse Services with your questions. Any COVID-19 related questions, again can be posted on the online or through the online portal on our website, on the division's website. The quickest way to get to that is to go to the Department of Health and Human Services website; click on division; and then click on division of mental health DD and substance abuse services. And then of course the email which we will provide again, but it's dhidd.covid.qs@dhhs.nc.gov.

Without further ado, now I will pass it on to the Division Director, Victor Armstrong.

Victor

Thank you, Dr. Laws. First again, I want to reiterate as Dr. Laws said, thank you so much for being on this call. I do recognize that with this pandemic there continues to be a level of anxiety and fears about disruption of services, and hopefully by having these communications with you we can set some of those fears at ease. I am one week into this role. Many of you I have known from prior work in my prior time in working in the behavioral health field. Some of you I have not had the pleasure of meeting, but I hope to do so soon.

Those that know me know that my passion is not in bureaucracy. My passion is not in policies. My passion is not in protocols, but I see all that as more means to an end, and that they are all necessary in doing what is my passion, and that is making sure that people have access to the services that they need when they need them. So I am learning some of the politics and the processes and the protocols of working in this role and working at the division level, but I also recognize that that is not what is most important to you. What is most important to you is making sure that you do not have a disruption of services.

I also recognize that many of the things that we are learning about our system right now are not necessarily new things. They're not necessarily things that we didn't know or places that we didn't realize that we needed to strengthen, but we are having to address many of them at an accelerated rate. If there's any positive to come out of this pandemic, I think it has forced us to become more proactive about doing some of the things that we probably should have done a long time ago, and that hopefully on the other side of this pandemic we will have some processes and protocols in place that make it easier for us to get services to the people that need them.

One of the things that we've been doing at the division level is working very closely with our communities. We've had conversations with our MCOs. We've had conversations with our counties and county managers. We're having conversations with our hospitals and hospital systems and trying to be a convener in helping those different entities to work more closely together to make sure that people are not falling through the cracks, and that we are getting services to people that need those services.

We're also trying to encourage our MCOs to be more proactive in making sure that providers are delivering services the way they need to be delivering services, and that where there are things that are hindering

services getting to the people that need them, that the MCOs are not necessarily waiting on the division to step in and fix those things, but that the MCOs are being proactive about trying to mitigate those things. We have several things in the works that we think are going to help you to get services more easily and more quickly.

We have revamped our telehealth processes, and things that can be done through telehealth has expanded our telehealth processes to include more associate-level professionals. That expands our provider base, so we have more people who are able to provide services and bill for services to make sure that you're getting the services that you need. We've been trying to allow for telehealth for as many services as possible [indiscernible] services to CST, mobile crisis, and peer support services. We are very intentional about looking at ways to utilize our peers and our people with this experience to help guide this process and to look at ways that we can utilize them more effectively in service delivery, and we're still working on some things around some of our autism services.

We also have several upcoming webinars that will help consumers and families. One is tips for parents and caregivers of children and adolescents with behavioral health conditions and IDD and tips on how to

help you to navigate this COVID-19. We're also looking at putting on a seminar or webinar around suicide prevention and support. We realize that with increased anxiety and stress it can cause people's levels of depression to deteriorate, and people can be more likely to experience suicidality so we want to address that, and then also community inclusion in the face of social distancing and shelter-in-place guidelines. We're looking at providing some technical support and some work around that, and that's an initiative funded by the division and coordinated by Eye to Eye.

We also have some webinars coming up around some of the flexibilities around the Innovations and TBI Waivers. The NC Medicaid has implemented some flexibility for how Medicaid providers and beneficiaries receive Medicaid services in this time of COVID-19. We've tried to relax some of the rules and regulations around utilization and prior approval limits for specific state plan Medicaid services. We're trying to relax a lot of those for Medicaid beneficiaries who have been impacted by COVID-19, including those who are participating in the Innovations Waiver and TBI Waiver, so we'll be hosting two webinars to further discuss these flexibilities.

There is a webinar on Innovations and TBI Waiver webinar scheduled for this Wednesday, April the 8th, at 4:30 to 5:30 that is available through Zoom. So we'll make sure that you have access to that information so that you have the ability to tune in for that webinar.

I do have some of my colleagues on the line here with me who can help to answer some of your more technical questions. So I will open it up now. I'll turn it back over to Dr. Laws, our facilitator, and I believe we are ready for questions and answers.

Dr. Laws

Yes. Thank you, Victor. Again, let me just remind people, we do have Medicaid representatives, our partners, on the line Kelsi Knick as well Deb Goda. We have Dr. Carrie Brown and Renee Rader, as well as Victor Armstrong who are available to answer questions. At this time, I will pass it on to Suzanne Thompson from our team who will answer questions.

We see there are over 500 hundred people on this call, and so we want to ask that you are mindful of that and to try and make sure you condense your questions and get to them as quickly as possible so that we can get through as many of the participant questions as possible.

Suzanne?

I'm not seeing any questions in my queue box that has been broadcast, so Suzanne, do you want to give instructions or will someone tell them how they can actually —

Moderator I'd be glad to. [Operator instructions].

Victor While we're waiting on questions to come in, I don't know if we have any of the other panelists that have any updates they'd like to share.

W I would like to share that our Appendix K for the Innovations and for the TBI Waiver have been approved by CMS as of this morning, and additional communication will be coming out on that, but it's just nice to be able to get that information out there.

Victor That is very good news.

Dr. Laws Okay. We can go ahead. I see there are questions in the queue. Suzanne, if you'll start with the first one.

Moderator First we'll go to the line of Kathy Hotelling. Your line is open.

Kathy This is Kathy Hotelling, and I had a question about using telehealth for direct support people. I'm not allowing anyone in my home anymore, but it certainly would be very useful if my daughter could stay in touch with her support staff and be reimbursed for it.

Deb That is something that we are looking at, and hopefully we'll have some more coming out on that within the next week or so.

Kathy Okay. Thank you.

Deb You're welcome.

Moderator Next we'll go to the line of Matthew James. Your line is open.

Matthew Hi. This is Matthew James. I appreciate you guys [audio drops]. I just wanted to ask on behalf of individuals who are living in intermediate care facilities who have a set number of therapeutic leave days if a family is interested in taking their loved one home through the COVID-19 state of emergency to avoid them living in a congregate care setting, is that an

option that they would have available at this time, and is there a way that they could not be penalized for using their therapeutic leave days during COVID-19?

Deb That's a very good question, and that is something that we are looking at increasing the number of therapeutic leave days. Hopefully, we will have something out on that soon as well.

Moderator Next we'll go to the line of Juan Low [ph]. Your line is open.

Juan Thank you. One of my concerns I have today is is there any forward-thinking concerning post-traumatic stress syndrome for the workers in the healthcare industry; particularly the house cleaning, the nutrition department? Folks that are not high wage earners that may be on Medicaid that can experience down the road some post-traumatic stress syndrome. Any thoughts about that?

Dr. Brown This is Dr. Brown. I can answer, and then others can chime in. I think it's a wonderful question. I'm so glad you're asking it. I think we've all sort of been mulling around about that, about what can we do. I think one of the hardest things about post-traumatic stress disorder is that there's really

no great way to prevent it; so in other words other than not experiencing any trauma.

We have great treatments for it, but what we call secondary prevention meaning what you do right after a trauma before you would be diagnosed with PTSD, there's not a great evidence base. In the absence of that and in fact we have to be careful, because at some point in time we have done things that actually cause harm. There was this whole thing around critical incident debriefing for a while which you would do after hurricanes or other major disasters, and it actually increased the rates of PTSD, so we need to be thoughtful.

One of the things that we can do and we are in the process of setting up is a statewide phone line for healthcare workers or anyone that's working in the healthcare industry to get support during the time of the COVID pandemic, and that's in collaboration with the Department of North Carolina Psychological Association and others. And I know that we're actively trying to set that up.

I don't know, Victor, if we have an anticipated start date yet, but that is one of the things we can do to try to help at least support people as they go

through this. And the other thing is really everyone to very good about their self-care.

Victor

No. I don't think we have an anticipated start date yet. We are very close I'd like to say, so stay tuned. I do like the way the gentlemen framed the question, because I think even in looking at the way the media focuses on the impact of the COVID response for healthcare workers, the focus is squarely on physicians and nurses and those people who are the patient-facing people, and rightfully so that those people should be the focal point. But I think you also address people who work in facilities who may be providing those services and it may be food and nutrition services, and I do think we need to be mindful about making sure that we are creating access to resources for those individuals as well, which is one of the reasons that I'm so proud of the fact that we are working on trying to build some access for people to have resources to call in and to get connected to help. Because for a lot of these folks there are going to be people who don't necessarily have the access to medical care that maybe some others do. So thank you for that very thoughtful question.

It is something that we're working on, and as Dr. Brown said, there are nuances and it is multilayered, but we are definitely working on that. That

is on our radar, and I'd like to say we're in the final stages of having that up and operational.

W And the other thing to remember is that SAMHSA does have a 24-hour, seven days a week disaster hotline that they've operationalized for the pandemic just like they do some times in hurricanes, and that's available to any US citizen.

Moderator Next we'll go to the line of Mary Johnson. Your line is open.

Mary My daughter is on the Innovations Waiver. She's medically fragile among multiple disabilities, and the thing is she requires 24-hour care, and I'm very grateful that the people are still coming to work. But because we're a private situation home healthcare, we don't have the supplies that we need like gloves and masks and things like that. And I can't even purchase them because—I regularly buy \$1,500 worth of medical supplies every single month for Caroline—but is there any way for us to piggyback on some kind of agency that can provide us with protective gear for the people? My daughter is very medically fragile. Just wondering if this question has come up before.

Deb That is a very good question. I have not had that question come up before, so we'll have to do a little bit more research on that. Do you mind sending that to our COVID email box, and that way we can put in on the FAQs?

Mary Sure. Thank you very much.

Deb Thank you so much.

Victor Do we have any other questions?

Dr. Laws Yes. We have several. There's several in queue I think on the technical side.

Moderator And next we'll go to the line of Mike Payne [ph].

Mike Hi. I'm wondering if you can help me a little bit. The agency that provides service workers for my adult disabled daughter who lives independently has told us that they don't have people to send out any more. Do you have any idea who I can contact to find some alternatives?

Deb I would reach out to your MCO who is responsible for authorizing and paying for that care. Also if your daughter is an adult, another individual in the home could go to work for the provider agency and be reimbursed to provide that service.

Mike She lives independently. When you say MCO you're talking folks like at Cardinal?

Deb Yes.

Mike Okay. All right. Thanks.

Deb Thank you.

Moderator Our next question comes from Debbie Chapman [ph]. Please go ahead.

Debbie Good afternoon. My question is I have been a parent as provider for a number of years with a restricted number of hours. Will there be a relaxing of those hours? I am providing all of her service at this time. I recently had a staff quit, and there is not really an opportunity to hire someone until this is over.

Deb Yes. You may provide increased hours past what relative as provider typically can provide during this time.

Debbie Okay. Who do I go to for that? Is that the care coordinator, someone within the agency?

Deb You would let your provider agency know and your care coordinator know, but it's part of the Appendix K Waivers.

Debbie Okay. Thank you.

Deb You're welcome.

Moderator Our next question comes from Denita Lassiter [ph]. Please go ahead.

Denita Good afternoon. My question is in regards to substance abuse health. We have several substance abuse plus hospitalization operations, and we are trying our best to maintain those and trying to figure out what it is that we can do to be most effective, especially considering the concerns that's being raised. One of the things that we've encountered is that they are

safer in numbers. Where they're used to coming in every day and relying on those supports, but it's getting very hard, and we really haven't had a lot of communications in regards to substance abuse programs.

W That is a really good question, and we are working on those flexibilities now in so far as what can be provided via telehealth and telegroups. I would suggest you stagger your schedules so that you don't have as many people at the facility, and then hopefully we will have something within the next week to share so that you can move to a more telehealth type of situation.

Denita Thank you.

Moderator Our next question comes from Dottie Foley [ph]. Please go ahead.

Dottie Hi. It's Dottie, and thanks for the opportunity for parents to ask questions. I have a question for myself, for other parents who've made the decision to temporarily take their child out of their supported living environment due to the health and wellbeing of both their child and the support staff. My question is I understand the Appendix K and that parents can get reimbursed. However, can those funds be diverted to the staff who are

waiting to come back to work? Our concern is that if this goes too long we'll lose all the staff that it took us a few years to find and train.

W That is a great question, Dottie, and I appreciate you thinking in those terms. The Appendix K allows for the relatives to provide the services at this time and it also allows for some retainer payments. And so now that we've received approval, we'll be working with the MCOs so they can work with the providers on issues like that.

Moderator Next we'll go to the line of Teton Meyers [ph]. Your line is open.

Teton My concern is going into the homes of people that they're supposed to be on quarantine. It's just like we're putting ourselves in jeopardy, and our HC doesn't supply any medical supplies as far as masks or gloves or anything. And it's getting hard for his mom to find gloves and things of that nature in the stores, and I'm just trying to figure out what can we do about that. Because I still have to also take my client out, which I've been mindful of where I take him. We mostly go the park, but I was just trying to see if there's any way we can get what we need as far as for the staff.

Dr. Brown

Deb, I can jump in here. This is Dr. Brown. The department did issue some very specific guidelines for in-home providers of behavioral health services, so I would encourage you to check out the website. If someone has been exposed to COVID-19 or someone has symptoms of COVID-19, then it is true you would not want to interact with them without having for example a procedural or a surgical mask. However, if people are just isolating in their homes to do really good social distancing, you don't need to necessarily wear personal protective gear.

There's a difference between just electively choosing to socially isolate to reduce the spread for the whole community and interacting with someone that actively has symptoms or has a known exposure to COVID-19. So what you want to do is you want to be screening—before you go into the home—you want to be screening for does anyone in the home have symptoms of COVID-19 or has been exposed to someone with a known diagnosis of COVID-19, and that's when you would want to make sure that you have personal protective equipment, and it outlines all this in the guidance.

The other thing you can always do is to the extent that you can—and dependent on your role with direct staff—you may not be able to maintain

six feet from the client that you're working with, but then you would try to maintain six feet from everybody else. So certainly if you're bringing your client out to a park, you want to be really thoughtful about who else is at the park and are you maintaining six feet of distance and are you doing really good hand hygiene, as well as the client if they're touching surfaces.

Deb

Dr. Brown, if I could also add in I understand if you're taking the individual out so they can get fresh air and some exercise, but if you're doing it because services have to be done in the community, we've asked in our K Waiver to allow for services to be provided at home at this time. So don't feel like you have to go into the community in situations where you couldn't practice physical distancing.

Dr. Brown

That's a great point, Deb, and because honestly parks are really not—it's fine to walk around—but parks where people are congregating in groups of ten or more or where there's play equipment that people are sharing is not a good idea. But certainly walking outside is great to get some fresh air.

Moderator

Next we'll go to the line of Dana Alley [ph]. Your line is open.

Dana Hi. Do you know when we will be receiving guidance on providing applied behavior analysis services through telehealth?

Deb Can you please repeat the question please?

Dana Do you know when we will receive guidance on providing applied behavior analysis services for children with autism and their families through telehealth?

Deb I want to say that we may have posted that. If you hold on one second, I can let you know.

Dana That would be wonderful.

Deb Okay. That doesn't look—let me see if it was posted yet, but I do know that those claims have been added. Those procedure codes have been added retroactive to March 10th. I would presume that that bulletin would be going up soon, but it does not look like it is up there yet. I'm so sorry.

Moderator Next we'll go to the line of Mary LaCourte [ph]. Your line is open.

Mary L.

Hi. Good afternoon, everyone. Thank you for providing this opportunity.

My question is probably a little too personal on this so just let me know.

My daughter receives services through the Medicaid Waiver Program, and she has needed mobility devices since she was two. She's 44; just had a birthday, and her plan was approved last May. We've been going on all these months. She was able to get her PT eval in for a new device, new stroller; it's kind of a Convoid stroller.

We went through all those steps, had one person come out and then another, and then we learned somebody else had to quote as well. By the time they did all these things, she was about two weeks shy of having her primary care doctor appointment within this timeframe, and so now it's going to be several months before.

Someone earlier on the phone spoke about relaxing some of the Medicaid rules. Is that one that might be relaxed? This period of time between the time she has to have seen her primary so that she can receive her mobility device or her new stroller. I know it may be too specific.

Deb

Are you receiving the stroller through durable medical equipment or through the waiver?

Mary L. Through the waiver.

Deb Okay. Typically with the equipment the doctor would write a prescription or he would sign off on the evaluation. You may want to send the evaluation to him and see if he can do a virtual visit with her and sign off on it.

Mary L. Okay. All right. Thank you very much.

Deb You're welcome.

Moderator Next we'll go to the line of LaTonya Dubois [ph]. Your line is open.

LaTonya Hi. Thank you so much for taking my call and for having this call. I just had a general question around people who were in the process of recertifying for Medicaid and may have lost their Medicaid benefits during the month of February or March, and because of all of the restrictions about coming in and things like that or maybe you can point me to a resource for those to be reinstated, so that they continue to get their services, particularly in behavioral health services.

Deb During this emergency, we will not be terminating anyone from the Medicaid program. So anybody who had been terminated for March should have been reinstated. I would reach out to your local DSS of course via telephone, and that applies to individuals who have spend-downs as well.

Moderator Next we'll go to the line of Marie Jost [ph]. Your line is open.

Marie I'm with a children's mental health unit, and we actually serve preschool children. Family therapy is something that we routinely provide; 90846 and 90847, and those services do not seem to be in the telehealth codes right now. Do you know if those are going to be added?

Deb Can you give me—actually if you hold on one second I need to open up a document, because I can't hold all of those codes in my head.

Marie Okay. It's mainly therapy with and without client.

Deb Okay. So that would be—

Marie 90846 and 90847.

Deb Okay. Yes. They will be added as well.

Marie Will that also be retroactive?

Deb Yes.

Marie Okay. Thank you.

Deb You're welcome.

Moderator Next we'll go to the line of Betty Brooks. Your line is open.

Betty Good afternoon. I am a relative of a provider, and I'm wondering—this will be a redundant question, but I want to be sure that not my provider but the other, Ellie May understands—am I correct that we as parents can bill for all the hours that we have on my daughter's pro—I'm sorry—on my daughter's plan that we can bill for all the hours that she has there as parents.

Deb I don't have your daughter's plan in front of me, so I'm not certain how many hours she does have. You can provide additional —

Betty It's 84?

Deb So 84?

Betty Yes.

Deb You can provide additional hours as long as that's something that you are able to do. And 84 hours is a lot of hours so you may get tired, but is it something [overlapping voices]

Betty [Overlapping voices].

Deb Yes, exactly, but yes you can provide an increased number of hours. Reach out to your provider agency and your care coordinator.

Betty Thank you.

Deb You're welcome.

Betty Wait a minute. Wait just a second. Now this under Reg C am I correct?

Deb Yes. We have flexibilities under what's called an Appendix K with the waiver.

Betty Yes. I'm familiar with that.

Deb And so we are waiving the maximum number of hours for relative as direct support employee during this time.

Betty Yes. So not my provider, but Ellie Mae said that we cannot do this.

Deb Okay. Well the Appendix K has been approved.

Betty Very good. Thank you.

Deb You're welcome.

Moderator Next we'll go to the line of Kim Palmer. Your line is open.

Kim I'm calling from a developmental day center, and we normally bill for developmental day here in the center. My understanding from Cardinal at the end of last week that we can do K support now, and I just wondered if you can tell me what that and how that's supposed to—is that correct that I can bill that? I know what it looks like with the teachers, but I'm just asking.

Deb I would defer to Cardinal on that, because that is one of their in lieu of services, it's not a state definition.

Kim Okay. All right. Thank you.

Deb You're welcome.

Moderator Next we'll go to the line of Lisa Goodman. Your line is open.

Lisa Hi. My name again is Lisa Goodman. I have a 32-year-old autistic son that lives in an ICF group home in High Point. Three weeks ago I removed him from the home, because I was concerned about behavior issues and exposure issues from the employees when visitor restrictions

were put into place. I've now been contacted that I should bring him back, because he is running out of therapeutic leave days.

My question is can these days be waived, excused, extended, something, because if I return him to the group home now, it'll still be the same issues as far as behaviors from him when he doesn't have access to me on a fairly routine basis and exposure of staff coming in and going out to their homes, and I'm not sure what they're doing during their off time. So I feel like he would be exposed to more in the group home than he would be in my home. I'm just wondering has anything like that been looked at as far as waiving these days?

Deb We are looking at increasing the number of therapeutic leave days, and I'm hoping that we will have something on that within the week.

Lisa His days will run out before the end of the week, and I've been told that he will most likely lose his position in the group home if he isn't returned. I understand what you're saying within the week, but I'm feeling very much of a time crunch. Is there anything else that I can do other than wait?

Deb Can you send me an email?

Lisa Yes.

Deb It's my first name deborah.goda@dhhs.nc.gov, and if you could include the contact email and information for your provider agency and your son's name that would be fantastic.

Lisa Do you mind if I read that back to you to make sure that I have it correct?

Deb Please do.

Lisa Deborah.goda@dhhs.nc.gov?

Deb Yes, ma'am.

Lisa Thank you very much. I appreciate that.

Deb You're welcome.

Moderator Next we'll go to the line of Katrina Hayes [ph]. Your line is open.

Katrina Thank you for the opportunity. My son with autism and PTSD, social security was rescinded without proper notice for reporting a staff member putting in incorrect income amounts and a reporting abuse of children in the schools. This has also happened with his food benefits. We have not gotten a resolution for this matter even though we have contacted Mandy Cohen and Kody Kinsley several times by email. Who would you know in upper management that can deal with this situation?

Victor I'm sorry can you repeat again specifically what the issue is?

Katrina Yes. The social security was rescinded without a proper notice. This has also happened to the food benefits, and I'm aware that this is a constitutional violation. We have reached out to several members who include Mandy Cohen and Kody Kinsley to no avail. This is for a minor with PTSD and autism.

Victor I can't speak to what's possibly being done, because it may be that Dr. Cohen and Deputy Secretary Kinsley may be working on that. If you would send us that question in an email, I'll take it on and see if I can see where we are with it and get you an answer and get some resolution to that.

Katrina Who am I speaking with?

Victor This is Victor Armstrong.

Katrina Okay. Victor, thank you so much. I would like to say I would appreciate it if we deal with the reality of this situation so that we are aware that this is discriminatory. I'm ready for the email.

Victor Okay. It's victor.armstrong@dhhs.nc.gov.

Katrina I have Victor Armstrong. Is that Armstrong?

Victor victor.armstrong yes.

Katrina At dhhs?

Victor Yes, .nc.gov.

Katrina Okay. I got it, Victor. Thank you so much for the information and your time.

Victor You're welcome.

Moderator Next we'll go to the line of Latoya Todd. Your line is open.

Latoya Hi. We're actually a provider for innovations with a number of MCOs across the state, and we were told by one in particular that they are not accepting retainer payments at this time, and we shouldn't be processing those. Is that information accurate, and how should we proceed with that?

Deb So your MCO or your provider agency?

Latoya We are a provider agency, so we serve families that are [indiscernible] services through the employee record model, and they have begun to submit for retainer payments to pay their staff. And we are told by one MCO in particular that we are not to process that yet, those payments, and so we want to see the state's stance on it.

Deb We just got approval from CMS today on the retainer payments, so we're working out some of the details on those right now. If you would like if you would send your question to the COVID email.

Latoya Okay.

Deb Then I'll get it about the same time that I have an answer for you.

Latoya Awesome. Thank you.

Deb Thank you.

Moderator Next we'll go to the line of Matthew James. Your line is open.

Matthew Hi. This is Matthew. I just wanted to ask a follow-up about what support we would expect from our managed care organizations for emergency staffing. Per the interim COVID Disease 2019 General Guidance that was released by DHHS, on page 3 it refers specifically facilities should contact their local LME-MCO if they're concerned about staff shortages due to staff illness. What kind of support should we expect to receive from our manage care organizations for emergency backup staffing?

Deb I think part of that is an awareness to the MCOs so they understand that their provider is struggling, and so that they can use the other providers in

the network to perhaps help with that situation. I don't think the intent of that statement was that the MCO would start sending staff, but so that they could make sure that they leveraged their other resources.

Matthew [Audio drops].

Deb Hello?

Matthew Hello. Can you hear me?

Deb Yes I can.

Matthew Just wanted to get some clarity. So what kind of support then should we expect from the LME-MCO? Should they be assisting with coordinating with programs to assist in finding staff, because what we've identified so far is that programs that have laid off their staff they are now making more on unemployment than they would with us for the hourly rate even with hazard pay? So just curious about how the MCO is supposed to help us navigate this situation.

Deb Have you reached out to your MCO?

Matthew Yes we have.

Deb And have they offered any suggestions?

Matthew No. They have not.

Deb Or any alternative providers or services?

Matthew No. They have not.

Deb Okay. It's a very strange and uncharted time that we're going through right here. I'm hoping with the increased payment to the MCOs so they have flexibility with their providers and the increased flexibilities with the Appendix K that things could be done such as if you have a relative that would like to provide those services—I do believe you said your daughter lived in her own home.

Matthew No. This is an intermediate care facility.

Deb Ahh, Okay. I'm sorry I confused it with another question. The ICF does not have enough staff to sustain itself?

Matthew That is the concern that we're facing, and as this continues staff being quarantined and having to put isolation protocols in place which has an increased demand on staffing what we're finding is that we can't keep up with the continued pace of those two trends. And then of course our concern is that we cannot recruit those who have been laid off by other providers. If you take the max unemployment, which is two-thirds of the salary which would be \$345 a week in North Carolina as the max and you add the additional \$600 a week in unemployment benefits that was passed, that comes out to about \$900 and change per week. And if you break that down to an hourly rate of pay, it exceeds \$23 an hour. We start at \$11 an hour.

I'm just trying to be curious about how a provider is supposed to recruit with an environment like this when 15%, 30% rate increases, I'll be honest with you, don't even come close to the amount of funding that would be necessary to pay a rate of pay that would exceed the current unemployment benefit package available.

Deb Okay. This is one that's going to take me some further thought, so shoot me an email would you please, and let me consult with people who are very knowledgeable about what they think as well.

Matthew And this is Deborah right?

Deb Yes. Only if you're mad at me. If you're mad at me, call me Deborah. If you're not mad at me, call me Deborah Goda please.

Matthew Thank you.

Deb You're welcome.

Moderator At this time there's no further questions in queue. Please continue.

Dr. Laws I wanted to thank all of our panelists for all of the really good information today and all of our participants. I also want to remind the participants if you have additional questions you have two ways in which you can share questions with us. One is on the Division of Mental Health home page. About half-way down the page there's a blue box in the banner, and it says if you have COVID-19 questions just click on that link and it will give you

a form to fill out and submit your questions, or you can send your questions to the bhidd.covid.qs@dhhs.nc.gov email.

I would like to thank you, all, for your time and your attention today.

Moderator

Ladies and gentlemen, that does conclude our conference for today.

Thank you for your participation and for using AT&T Executive TeleConference. You may now disconnect.