

**North Carolina Council for the Deaf and Hard of Hearing
Quarterly Meeting Minutes
February 5, 2021
9:00 am – 12:00 Noon
Virtual Meeting**

Members Present:

Linda Amato
Rep. Hugh Blackwell
Craig Blevins
Timothy Boyd
Antwan Campbell
Rep. Carla Cunningham
Kathy Dowd
Kevin Earp
Rebecca Freeman
Erika Gagnon
Pattie Griffin
Meredith Kaplan
Mike Lupo
Lorita Xaver Moore
Denise Nelson
Dr. Robert Nutt
Claudia Pagliaro
Daphne Peacock
Meghan Pender
Laurie Ann Rook
David Rosenthal
Donald Tinsley Sr.
Brad Trotter

Ex Officio:

Jan Withers (Present)

Liaison:

Kimberly Harrell (Present)

Members Absent:

Judy Stout Cummings
Betsey Moore
Bill Rabon Senator
Elizabeth Strachan

Introductions, Announcements, Approve Minutes from November 6, 2020

November 6, 2020 minutes were approved.

Motion: Moved by Patty Griffin to approve the minutes from the November 6, 2020 Council meeting: Motion Seconded by Timothy Boyd. Motion passed.

None of the members acknowledged having a conflict of interest or appearance thereof on matters listed on this agenda

North Carolina Medicaid Communication Access Services

Lee Williamson, Communication Access Manager, DSDHH
Ronda Owen, Program Manager, NC Medicaid

Medicaid incorporated communication access services as part of their transformation budget. We are calling it a pilot program because the funds that were approved are a one-time allocation. However, The Division of Health Benefits (DHB), are submitting a request in their budget for the next coming year for the continuation of these funds. DSDHH will have a lot of say in how the program works.

In this new partnership DHB, North Carolina Medicaid will be responsible for:

- Reimbursements to DHHS on a quarterly basis.
- The development of a reporting process that includes details about each service, encounters, and devices.
- Sending out push notifications via NC Tracks to notify vendors. DHB's goals is to use this communication avenue to connect providers with DSDHH.

Who qualifies:

- The patient or companion of the patient must be Deaf, DeafBlind or hard of hearing and a Medicaid recipient. The companion can be a family member, close friend, associate, or anyone also participating in that patient's access to their healthcare services.

Types of services (These are Pilot services, so they are subject to change):

- Doctors' offices, family practices, specialists, pediatricians, dental; Out-patient, physical health, counseling/therapy or psychiatry and behavioral health services.
- Aids and Services provided: personal amplification devices, CART services, ASL Interpreters (onsite, virtual, TASL, hearing/Deaf team), cued language.
- SSP's will be coordinated in house due to it being a unique service, most people don't understand their role. SSP's will be billed directly to DSDHH.
- Hospital services are not eligible for reimbursement currently.

North Carolina Vaccination Rollout

Dianne Shearer, Assistant Director, DSDHH
Darian Burwell, Manager, Raleigh Regional Center, DSDHH

The Department of Health and Human Services has set up an education campaign in response to COVID-19. The goal is to provide community resources and information about the vaccination rollout. DSDHH's designated team will provide additional resources and continue to provide updates as DHHS releases new information to our staff. In addition to updates, DSDHH developed a series of videos related to COVID-19. They are fully accessible, including ASL interpretation and captions. For continued information specific to your county, visit: www.yourspotyourshot.nc.gov

Clear Mask Distribution

Donna Platt, Emergency Preparedness Coordinator, DSDHH

The purpose of the ClearMask program is to spread awareness to our consumers and providers about clear masks and effective communication. A lot of people rely on lip reading. Therefore, we wanted to make sure that both the consumers and providers are aware of the options there. This project went live January 19th. To request a mask, people must fill out a form. To be eligible, a person must be Deaf, hard of hearing, DeafBlind or a service provider. A service provider is someone who works with Deaf, DeafBlind or hard of hearing people and needs a clear mask for communication access. Each person that applies will receive 5 masks and may only receive masks from our program one time. Masks are not for social interaction; they are specifically for interaction with providers. On our website you can find five demonstration videos that show Deaf, DeafBlind and hard of hearing people using these masks in a variety of settings.

Educational Interpreters

Sherry Thomas, Director, Exceptional Children Division, DPI
Sherry Vernelson, Section Chief, Sensory Support and Assistive Technology
Exceptional Children Division, DPI

The Department of Public Instruction is committed to ensuring that the interpreters have the appropriate knowledge, skills, and abilities to effectively support students who require an interpreted education. The State Board of Education will vote on a new proposal in the June state board of education meeting. If approved, the new proposals will be effective beginning July 1st, 2021. Details of the proposal include new minimum requirements for educational interpreters 1 and 2 and the development of a new classification, educational interpreter 3, are as follows.

Educational Interpreter 1:

- Minimum requirement of a 3.3 on the EIPA and to continue with employment, their score must increase to a 3.5 within 3 years
- Minimum education requirement of an AA degree from an accredited program
- Propose increasing the salary grade from 62 to 64
- An increase in the annual professional development hours from 15 to 20 annually

Educational Interpreter 2:

- Minimum requirement of a 3.5 on the EIPA
- The TEC Unit must be at least a 2.0 requirement for cued language transliterators
- Minimum of an AA degree from an accredited program
- Propose increasing the salary grade from 64 to 66
- 20 hours of professional development

Educational Interpreter 3:

- Minimum requirement of a 4.0 on the EIPA
- 3 to 5 years' experience in educational interpreting or have a national board certification for cued language transliterators
- Minimum of an AA degree from an accredited program
- Propose the salary grade of 68 for the position
- 20 hours of professional development

DHHS Diversity, Equity, and Inclusion

Jan Withers, Director, DSDHH

Marilyn Edwards, Co-Chair, DSDHH DEI Council

Erica Harris, Co-Chair, DSDHH DEI Council

Diverse teams make solutions that are more innovative. They tend to solve very challenging problems successfully because diverse teams have ideas and viewpoints from a variety of sources and backgrounds. Every division in DHHS now has an established DEI council. The division has created some videos and materials. We want to make sure that the videos produced represent a diverse community and that they are sensitive to language. One of the new DHHS values is 'belonging.' Belonging means, intentionally promoting an inclusive place that's equitable, where people are unbiased, and the workplace reflects our community and the communities that we serve. The goal is to establish a place where everyone understands the diverse backgrounds, perspectives, and experiences of their coworkers and where everyone can feel like they belong regardless of their background or culture.

Focuses:

- Diversity- We want to think about diversity of perspective, of culture, diversity of experience.

- Equity- We want to look at policies and procedures within the division. What would be a best practice? What issues that come up in the workplace?
- Inclusion- We want to make sure that everyone's voice is heard.

Instructions for Committees

David Rosenthal, Chair

We have expanded from two committees to four. Our current Educational Committee will continue. Our Community Committee is renamed to, Disability and Diversity Committee. We have added an Audiology Committee and Health Issues Committee. The hope in having four committees is that each committee will have a better focus on the issues that they're addressing and able to come up with proposed solutions. Work will be done between council meetings. Committee meetings should only need 1-2 hours per month. Each committee will be led by a chairperson. That chairperson will gather all the information from their committees and subcommittees to report to the council. Each chair will be responsible for setting up the meetings for their committees and subcommittees.

Adjourned 11:48 am

Future 2021 Meetings: May 7, August 6, November 5

<https://www.ncdhhs.gov/divisions/dsdhh/councils-commissions>