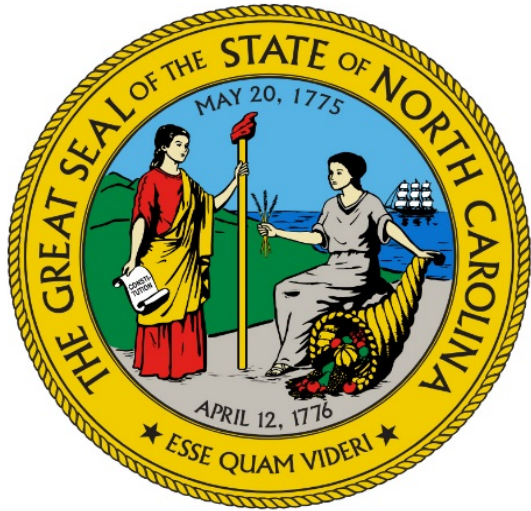




**NC Department of Health and Human Services
Division of Social Services**

100 County DSS Directors Call

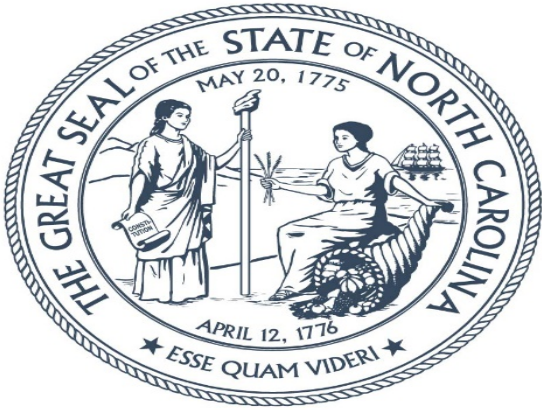
August 25, 2021

AGENDA

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



WELCOME



NC Department of Health and Human Services
Division of Services for the Deaf and Hard of Hearing

NC Medicaid Communication Access Services

David Litman
Medicaid Communication Access Coordinator

August 25, 2021

Division of Services for the Deaf and Hard of Hearing

DSDHH has 7 Regional Centers

Communication Access Resources

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

Pilot Initiative

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

Medicaid Communication Access Brochure

Medicaid Communication Access Services



Overview

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



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

Examples of Services Covered

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

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

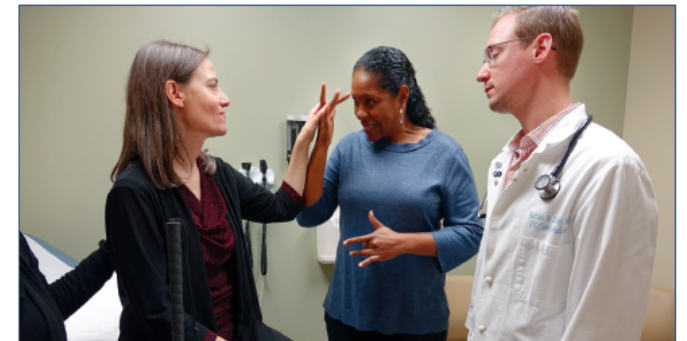
Email DSDHH.Medicaid.CommAccess@dhhs.nc.gov for questions about specific services covered by this initiative.

Communication Access Services Reimbursed

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

Support Service Providers (SSP)

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



Sharing Brochure

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

David Litman Contact

- **Email**

David.Litman@dhhs.nc.gov

or

DSDHH.Medicaid.CommAccess@dhhs.nc.gov

- **Phone**

(984) 884-1093

Foster Care Specialty Plan

Chameka Jackson



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

DSS Co-Location Survey

DSS Co-Location Survey

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

1. Which county is your office located in? _____

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

- ☐ Yes
- ☐ No

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

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

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

- ☐ Yes
- ☐ No
- ☐ Not sure

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

- ☐ Full-time
- ☐ Part-time
- ☐ Not sure

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

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

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

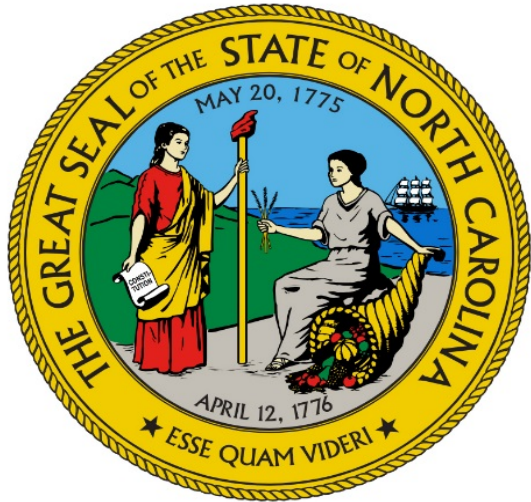
Contact Information

Name: Chameka Jackson

Title: Child and Adolescent Services Coordinator

Agency: Division of Health Benefits (NC Medicaid)

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



NC Department of Health and Human Services

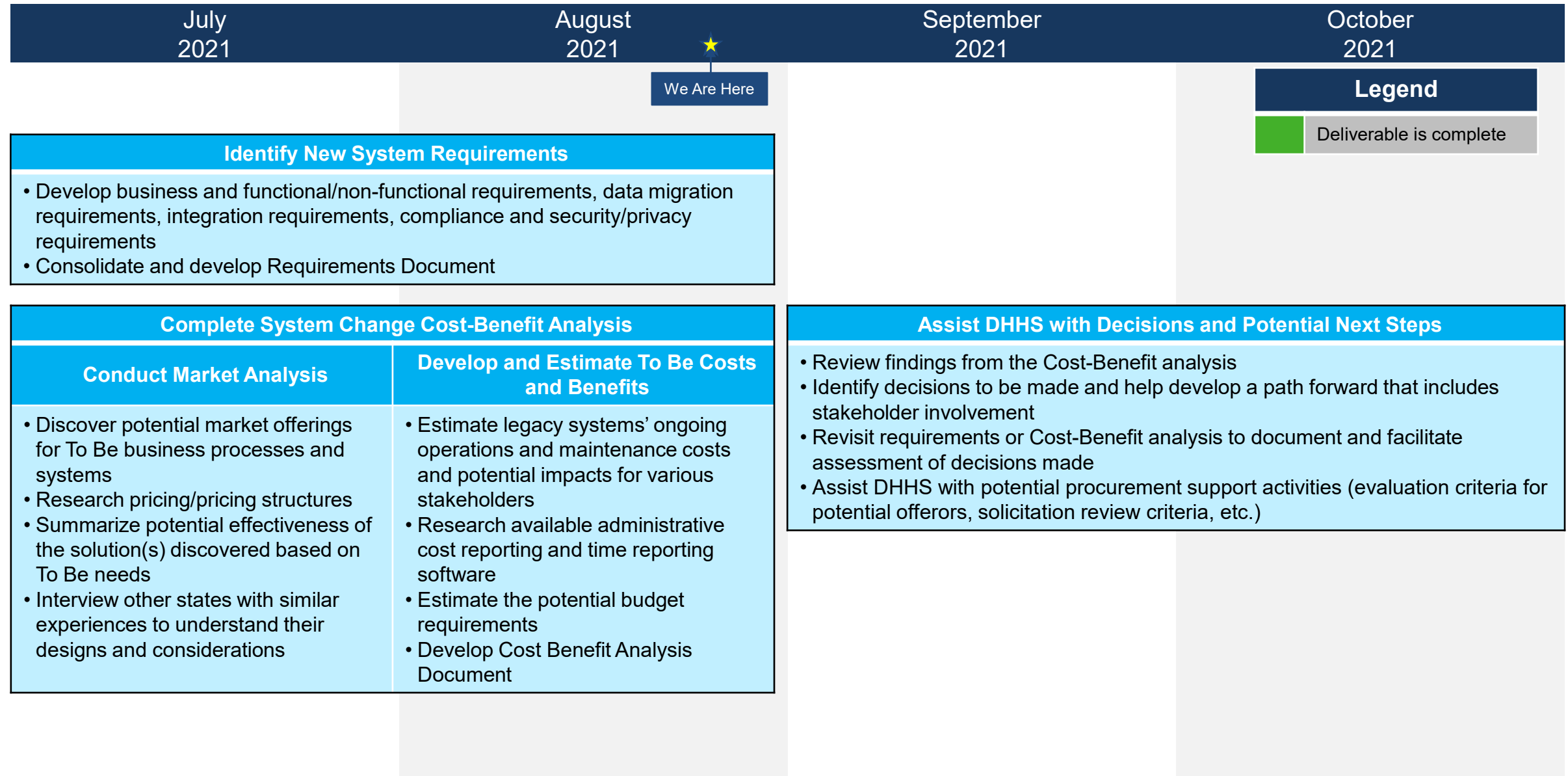
August 100-County Call

County Administration Reimbursement System Project

August 25, 2021

Presented by:
Tim Egan, Managing Director, Deloitte Consulting

Project Approach: The Next 3 Months



Looking Ahead: The Next 30 Days



Identify New System Requirements

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



System Change Cost-Benefit Analysis

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



Assist DHHS with Potential Next Steps

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



UPDATES

ARPA Funds

Carla West



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ARPA Updates

County/State Workgroup Plans

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

Additional funds

CONSOLIDATED APPROPRIATIONS ACT, 2021

- \$3.1 million FNS administrative funding

CARES ACT, 2020

- \$1.5 million LIEAP administrative funding remaining

LIHWAP Update

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

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



NCCARE360 & DSS

August 100 County Call

August 25, 2021

NCCARE360 Overview

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

NCCARE360 Partners:



FOUNDATION FOR HEALTH
LEADERSHIP & INNOVATION



NCDHHS



UNITE US



Expound



NCCARE360

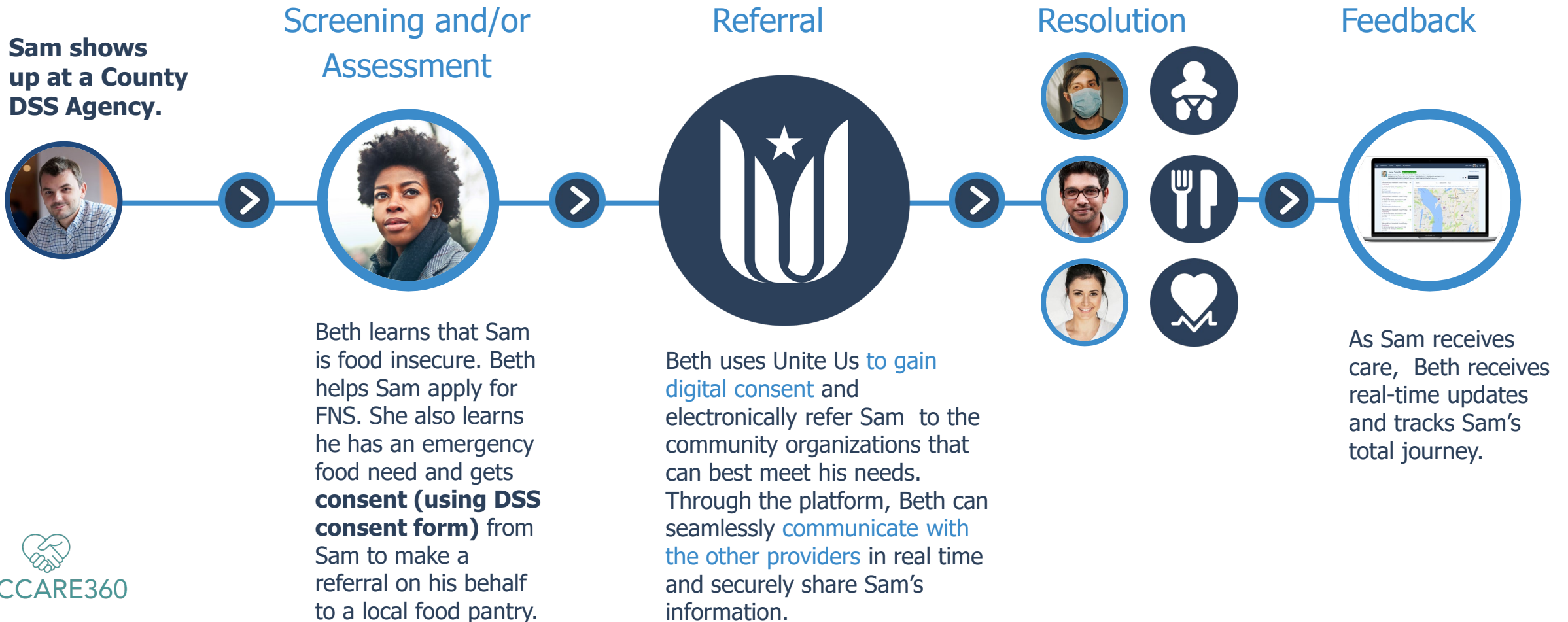
NCCARE360

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

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



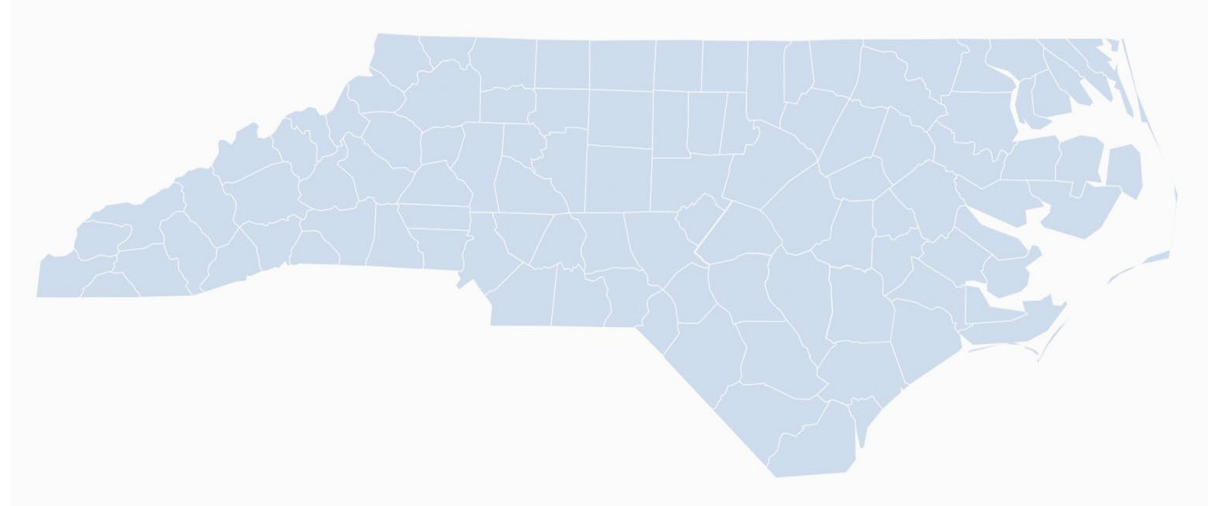
Connecting People to Care





NCCARE360

is live in **100** counties



Implementation
team formed
January 2019

Launched in three
counties
March 2019

2,000 electronic
referrals
January 2020

1,000 network
partners
May 2020

Live
statewide
June 2020



Learn more:
NCCARE360.org

NCCARE360 Status

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

How to Join NCCARE360

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

NCCARE360 Workflow Options – Receiving a Referral

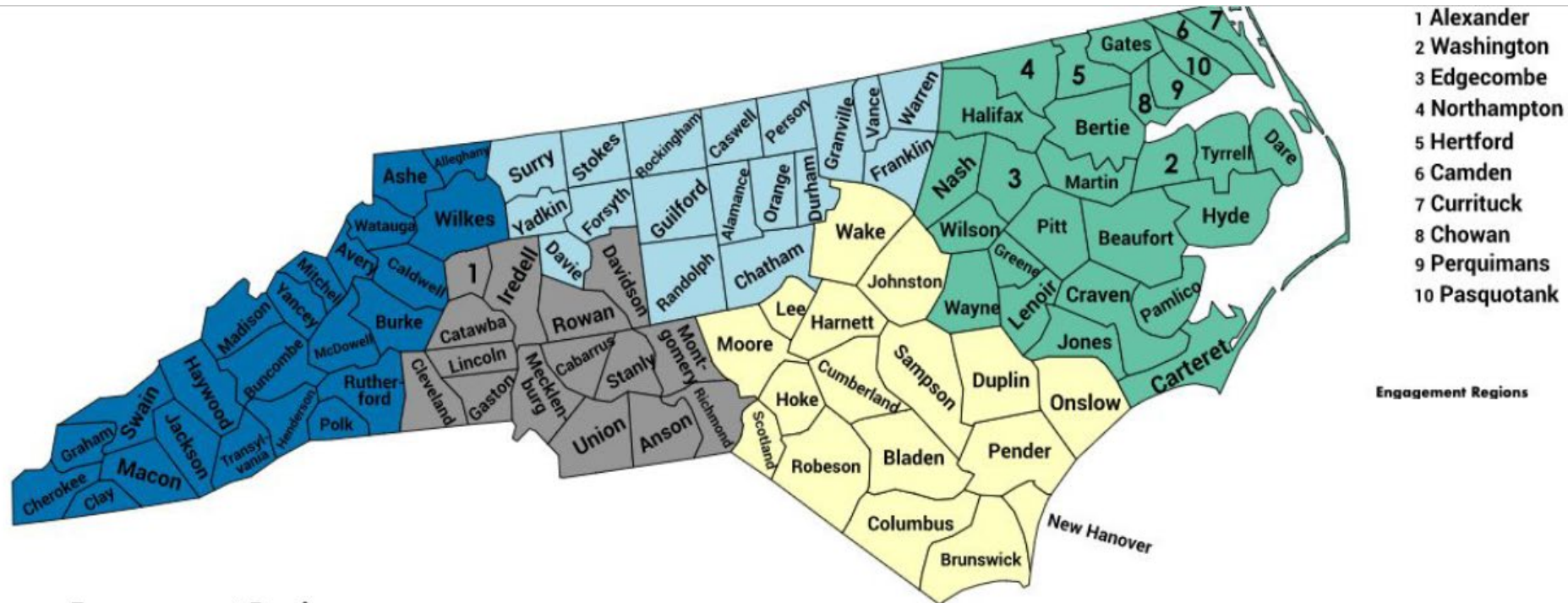
DSS Agencies that Receive Referrals should:

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

NCCARE360 Workflow Options– Sending Referrals

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

Community Engagement Manager Contacts



- 1 Alexander
- 2 Washington
- 3 Edgecombe
- 4 Northampton
- 5 Hertford
- 6 Camden
- 7 Currituck
- 8 Chowan
- 9 Perquimans
- 10 Pasquotank

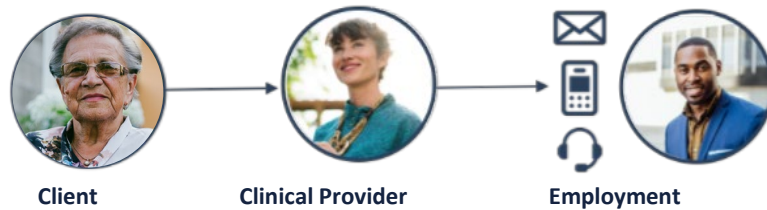
Engagement Regions

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

Questions

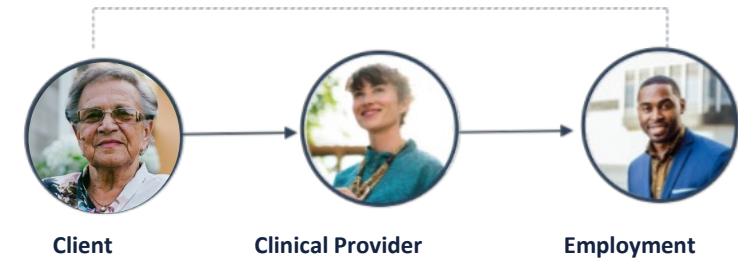
Why Participate in NCCARE360?

Traditional Referral



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

NCCARE360



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

Eric Hazzard

 **CONSENT ACCEPTED**

DOB 7/31/1980 (Age 40) | TEL (530) 400-4982 | EMAIL email@email.com | ADDRESS 217 Broadway, New York, CA 10007
HOUSEHOLD 1

REFER ERIC 

Overview

Profile

Cases

Forms

Uploads

Referrals

Care Team

[Add New](#)

Anna Glass
Housing Coalition
anna.glass@uniteus.test

John Hazzard
Father

Patrick Lopez
Peter Cooper Aid Agency
patrick.lopez@uniteus.test

Kristy Parker
Open Table Food Pantry
kristy.parker@uniteus.test

Open Cases

 **Home Expense Assistance/Repairs**
Healthy Homes Hotline
Housing Coalition
Enrolled: 5/29/2020

Add Note Or Message Client

Interaction

Message

Service Provided

Other

INTERACTION TYPE

- ☒ Phone
☐ Email
☐ In-Person

INTERACTION DATE *

10/05/2020



DURATION

IS THIS NOTE ATTACHED TO A CASE OR IS THIS A GENERAL NOTE?

- ☒ Attached To Case ☐ General Note



Reminder: Please do not include PHI in this note unless the case is for mental/behavioral health, substance use, legal, or physical health services. PHI includes diagnoses, treatment information, medical test results, sensitive information such as HIV status, and prescription information.

NOTE *

Enter your note here...

CARES ACT IVB1 Funds

Richard Stegenga, Lisa Cauley



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Child Welfare Funding Update

IVB1 COVID Allocation

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

- Kinship Care Allocation**

- COVID Chafee funds**

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

Child Welfare Updates

Lisa Cauley, Sarah Lewis Peel



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

CWS Disaster Preparedness

Hurricanes

Flooding

Tornadoes

Landslides

Tropical Storms

Snowstorms

Earthquakes

Wildfires

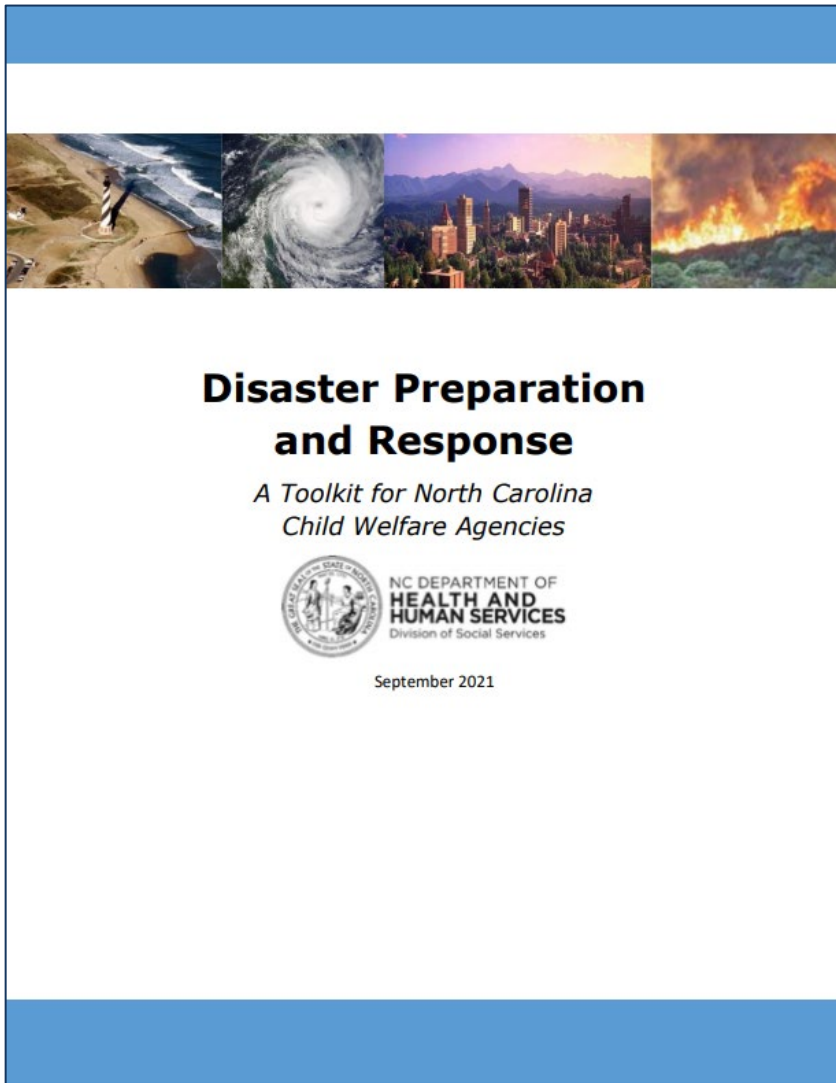
Extreme Weather

Cyber Attacks

Public Health Emergencies

- Federal law and NCDSS **require** child welfare agencies to have disaster plans to prepare for, respond to, and recover from disaster events.
- When a disaster occurs, **all public and private child welfare agencies** should be equipped to:
 - Identify, locate, and continue services for children
 - Respond to new cases
 - Communicate with case workers and other essential personnel
 - Preserve essential program records
 - Coordinate services and share information with other states and providers.

CWS Disaster Preparedness

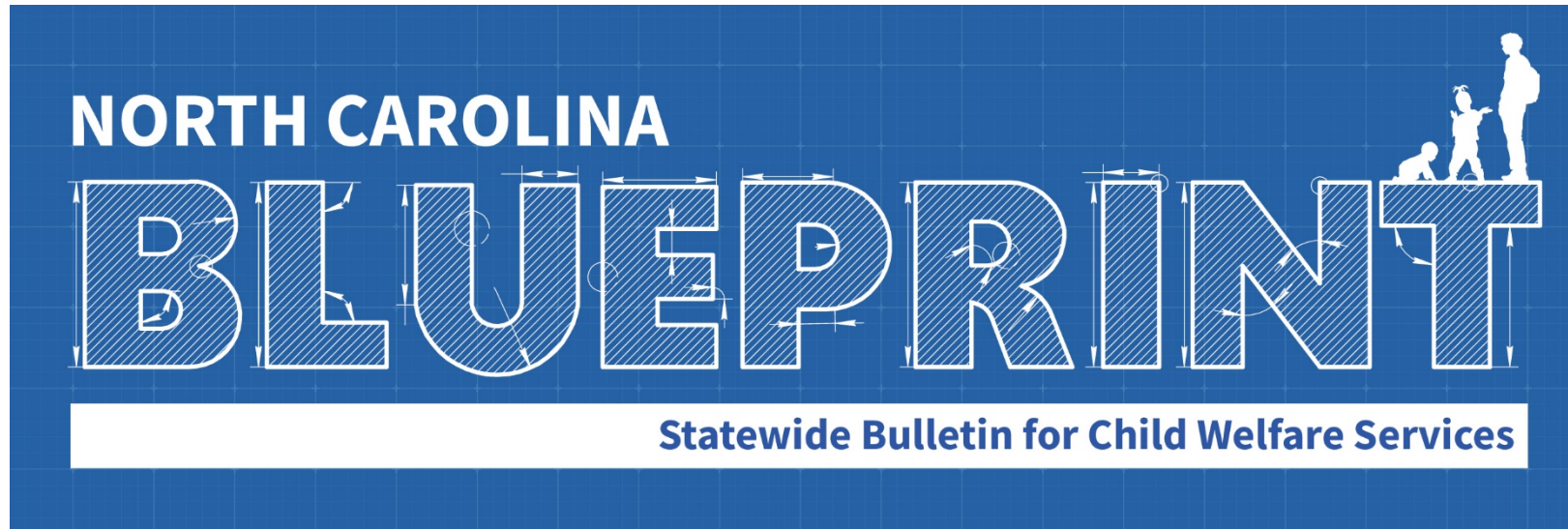


- The **Disaster Preparation and Response Toolkit** will support coordinated disaster efforts for all public and private child welfare agencies throughout North Carolina.
- This toolkit provides a trauma-informed approach to disaster management in three areas:
 1. Preparing for Disasters
 2. Responding to Disasters
 3. Recovering from Disasters
- NCDSS will host a **webinar on Sept. 22, 2021, 10:30 a.m.–noon** to introduce the Toolkit, go over federal and state requirements for disaster plans, and answer questions.

NEW Communications for CWS

- 1) North Carolina Blueprint: Statewide Bulletin for Child Welfare Services**
- 2) Law Change Notices**

North Carolina Blueprint



- North Carolina Blueprint is a new statewide bulletin for NCDSS to share helpful news, announcements, and events with CWS staff, providers, and stakeholders.
- **Blueprint bulletins do not replace DCDLs** but will cover a large scope of material – from useful resources, to NC proclamations, child welfare reform updates, new trainings, and more.
- Our goal is to provide the many dedicated professionals and agencies who do this work in North Carolina a shared blueprint to support our shared goals.

Law Change Notices

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

Brief list of law changes

DATE: When law goes into effect

LAW: Link to law (pdf)

READ: Link to resource (ex. SOG blog)

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

ABOUT: Detailed outline of law changes



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

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

- Change 1
- Change 2
- Etc.

DATE: Changes effective month and date, 2021.

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

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

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

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

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

Child Support Services & Economic Services Updates

Carla West



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



August is Child
Support
Awareness Month

System Modernization

CURRENT STATUS

“To Be”

COMING UP

Request for Information (RFI)

SHARE YOUR THOUGHTS!!!

[ACTS Modernization Questionnaire](#)

[For Attorneys - ACTS Modernization Questionnaire](#)

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



2021 STATE OF NORTH CAROLINA
CHILD SUPPORT SERVICES

FRONTLINE EMPLOYEE OF THE YEAR
Katherine Silvernail, Brunswick County

MANAGER OF THE YEAR
Tracy Edwards, Vance County

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

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

Cumulative P-EBT for Students Issuances

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

Cumulative P-EBT for Children Under 6 Issuances

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

1,274,594

Total children served

\$1,708,687,507

Total issued in benefits





**Thank you
for joining
us today**