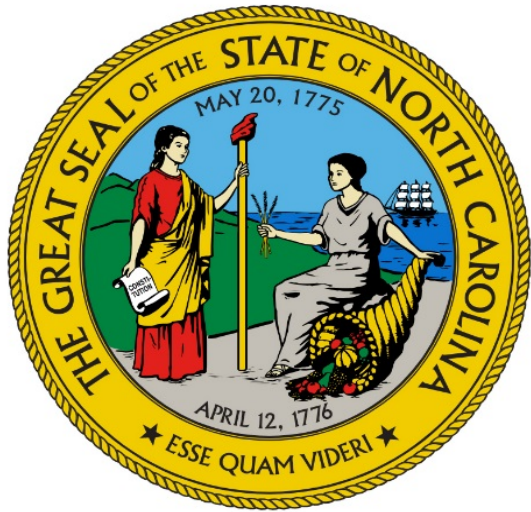




**NC Department of Health and Human Services
Division of Social Services**

100 County DSS Directors Call

November 23, 2020

AGENDA

- NC Fast Updates – Dan Meyer
- Regional Support – Lisa Cauley and Carla West
- Introduction of new Chief in Economic Services
- LIEAP – Allison Smith
- P-EBT – Carla West
- CME Program – Emi Wyble, & Lisa Cauley
- CARES Act Funding – Richard Stegenga





NC FAST

North Carolina Families Accessing
Services through Technology

Office of NC FAST

Projects 14.2 IBE and 14 4.0 MCC/TO

100 County Director Call

November 23, 2020

NC FAST P14.2 Improved Beneficiary Experience - Release 3 Project Timeline



- Five Partner Counties will pilot Recertification Straight-Through Processing (STP) in March 2021. Non-Partner Counties will begin utilizing Recert STP in May 2021
- Readiness materials include preparation for Recert STP for **all** counties
- Counties received the **County Readiness Toolkit** on November 18th. The **Readiness Assessment Questionnaire** will be provided on December 7th and should be returned by January 8th
- R3 has **four** possible Learning Paths: Application, County Director & Program Manager, Recertification, and Application & Recertification
- MAGI staff should confirm their Learning Gateway profile is correct by **January 4th** to ensure they are auto-enrolled in the correct Learning Path

***Note:** Only Partner Counties will be auto-enrolled in the Recertification and Application & Recertification paths in January 2021. Additional information to be provided in Spring 2021 for Non-Partner Counties.*

NC FAST P14 4.0 - Managed Care Changes & EBCI Tribal Option

November County Readiness Call

- The November Readiness Call with both Project 14s and Medicaid Transformation was held Tuesday November 17th from 10:00-11:00am. The call recording was sent to County Champions on November 18th.

NC FAST January Release

- Tribal Option functionality and tribal membership evidences, including Tribal Member evidence and IHS Eligibility Evidence will be available in NC FAST following the January release.

NC FAST P14 4.0 - Managed Care Changes & EBCI Tribal Option

Training Update

- P14 4.0 – MCC & EBCI Tribal Option Training Release 1 is scheduled for December 2nd.
- We are releasing it at this time to align with new policy to be communicated by the Division of Health Benefits.
- The release of the corresponding functionality in NC FAST will occur over the weekend of January 9th, 2021.
- Appropriate county staff members will be auto-enrolled into trainings based on their user profiles.
 - A Learning Gateway User Profile report was sent to County Champions on Friday, November 13th and additional guidance from Learning Gateway was sent to County Champions on Wednesday, November 18th.
 - Please make sure your champions review those communications. You may have staff who need to update their Learning Gateway profiles.
 - County Champions should reference the [NC FAST Learning Gateway Bulk Account Update Process Change](#) document on the Learning Gateway and reach out to their Learning Gateway Point of Contact if a county staff member requests changes to team members' accounts.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

100 County Directors Call

Social Services Regional Support Update
Limited Regional Plan

Lisa Cauley and Carla West
November 23, 2020

Recommendations from 2019 report

- Recommended establishing 7 regions for regional supervision of county-administered child welfare and social services
- Proposed a regional office staffing structure and defined critical functions for regional teams to strengthen support and supervision of counties
- Recommended each team consist of 17 staff:
Administration 2, Adult Services 3, Child Support 2, Child Welfare 5, Economic Services 3, Fiscal 2

Limited Regional Plan

- Phased in approach
- Skeleton staffing plan will be a significant stretch
- Child Welfare area first phase
 - Training would not be incorporated into the plan
 - Implementation of statewide Practice Model may be impacted
- Currently no training in Adult Services and Economic Services
- Redefine reform and statewide consistency expectations

Limited Regional Plan Example: Child Welfare

Must combine both Children's Program Representatives (CPR's) Staff and Monitoring Staff to have sufficient numbers to allocate only 1 staff for each group of 5 counties to provide minimal CQI efforts

Does not include dedicated staff for:

Safety - Intake and Investigations

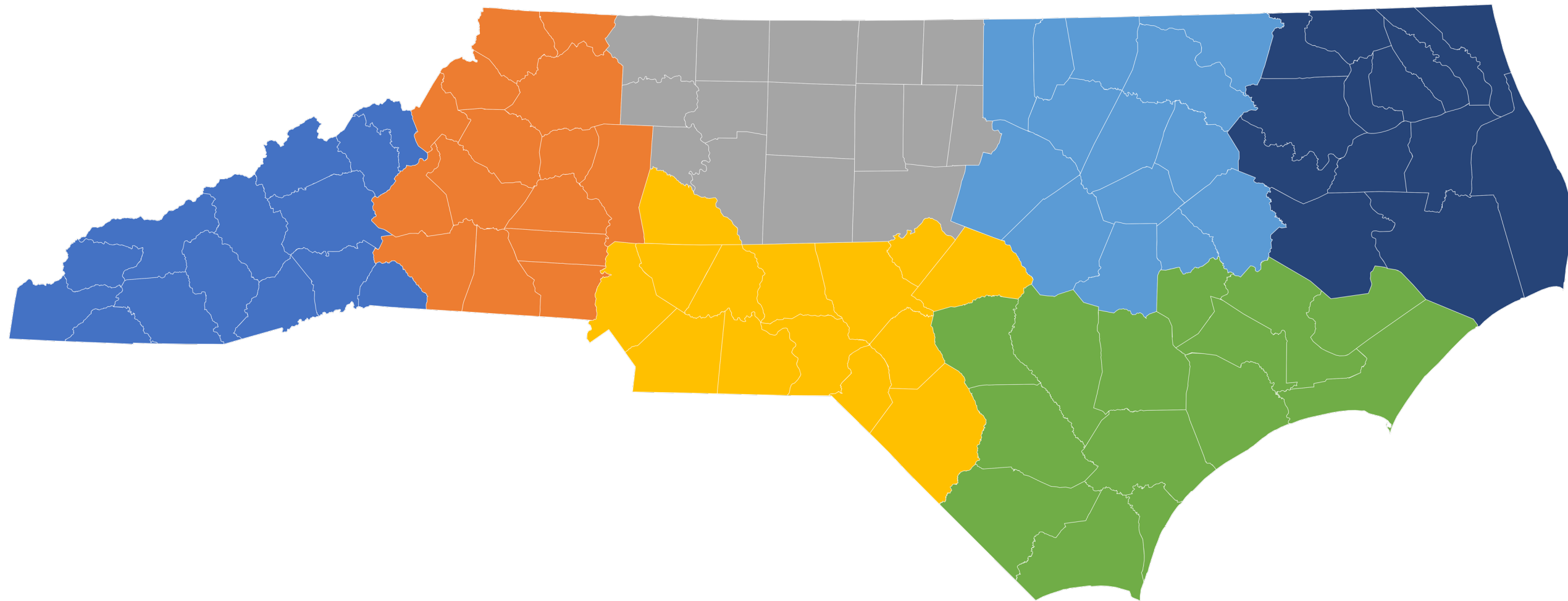
Permanency – Foster Care

Technical Assistance/Data/CQI Plans

Limited Regional Plan Concerns:

- **Minimal number of staff will result in focus on compliance**
- **Will be difficult to move from status quo**
- **Goals of innovation, transformation and improved outcomes are at risk**
- **County agencies are eager for regional support, further delay in the Regional Support Team plan will result in many unmet needs for county agencies that DHHS cannot mitigate without appropriate resources**

Proposed Region Map Adjusted to Balance Counties



■ 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ 6 ■ 7



TARGET DATES

Child Welfare

- Continuous Quality Improvement Specialists – already done

Economic Services

- Continuous Quality Improvement Specialists – 1st Quarter 2021

Child Support Services

- Continuous Quality Improvement Specialists – 1st Quarter 2021
- Trainers – 2nd Quarter 2021

Division of Aging and Adult Services

- Continuous Quality Improvement Specialists – by 1st Quarter 2021



NEW STAFF INTRODUCTION

Allison Smith

Assistant Chief

Division of Social Services, Economic and Family Services



Low Income Energy Assistance Program (LIEAP)

Allison Smith, Assistant Chief

November 23, 2020

LIEAP

- **Pandemic LIEAP automated payment**
- **Automated Payment criteria:**
 - Households with persons aged 60 or older or
 - Households with disabled individuals receiving DAAS services and
 - Currently receiving Food and Nutrition Services
 - Received LIEAP during the 2019-2020 LIEAP season
- **Automated Payment Amounts**
 - Payment amounts based on heating source type
 - \$300 for Coal or Wood
 - \$400 for LP Gas, Natural Gas, Kerosene and Fuel Oil
 - \$500 for Electric

LIEAP

- **Regular LIEAP**
 - **December 1, 2020- March 31, 2021**
 - **Month of December is for priority group (any household containing a person age 60 or older or disabled and receiving a DAAS service)**
 - **Payment amounts based on household size and income**
 - **Anyone not eligible for automated payment can still apply for LIEAP**

Energy has implemented several social distancing options. Online Energy Application will be available January 2, 2021 on ePASS.



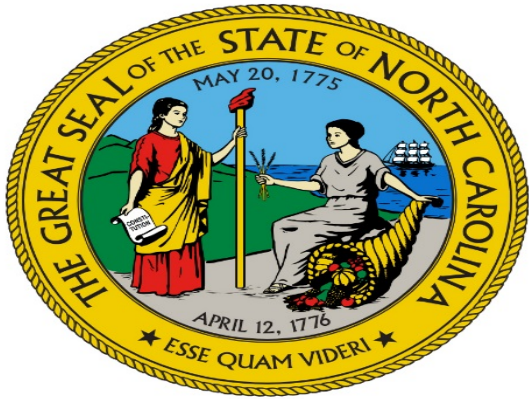
Pandemic EBT (P-EBT)

Carla West, Senior Director for Economic Security

November 23, 2020

Pandemic EBT – School Year 2020-2021

- P-EBT is now available for all of school year (SY) 2020-2021.
- P-EBT eligibility criteria:
 - The child would have received free or reduced-price school meals.
 - The school is closed or has been operating with reduced attendance or hours for at least 5 consecutive days in the current school year.
 - P-EBT benefits only issued for regular school days.
 - Not eligible for P-EBT on days they attend school in person or receive meals at school.
 - Not eligible for P-EBT if no longer enrolled in NSLP/SBP participating school.
- Issuance of Benefits:
 - NC is in the process of formulating a plan to submit to USDA.
- Corrections from school year (SY) 2020-2021



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

CME Policy Webinar

**Emi Wyble, MSW
NC DHHS Safety Strategist**

What is the CME supposed to do?

- Provide a tool to assist Child Welfare with making a case decision
- Completed by a medical expert in child maltreatment



Why are we changing this policy?

To ensure a complete medical assessment for the concerns or allegations of abuse or neglect



Notable Changes

- **Outlines the role of the CMEP**
- **Defines the role of the medical interview**
- **Defines four types of cases/concerns that must be referred for a CME**
- **Creates a section of cases that counties must document why the decision was made not to obtain a CME**
- **Gives guidance around the need for consent and who must give consent**



CME Policy Changes



- **Previous policy lacked clarity and did not fully explain the definition and purpose of CMEs**
- **A subgroup of the Safety Design Team met to draft updates to the CME Policy**
- **The draft was reviewed by the Unified Public Agency Leadership Team as well as the full Safety Design Team**

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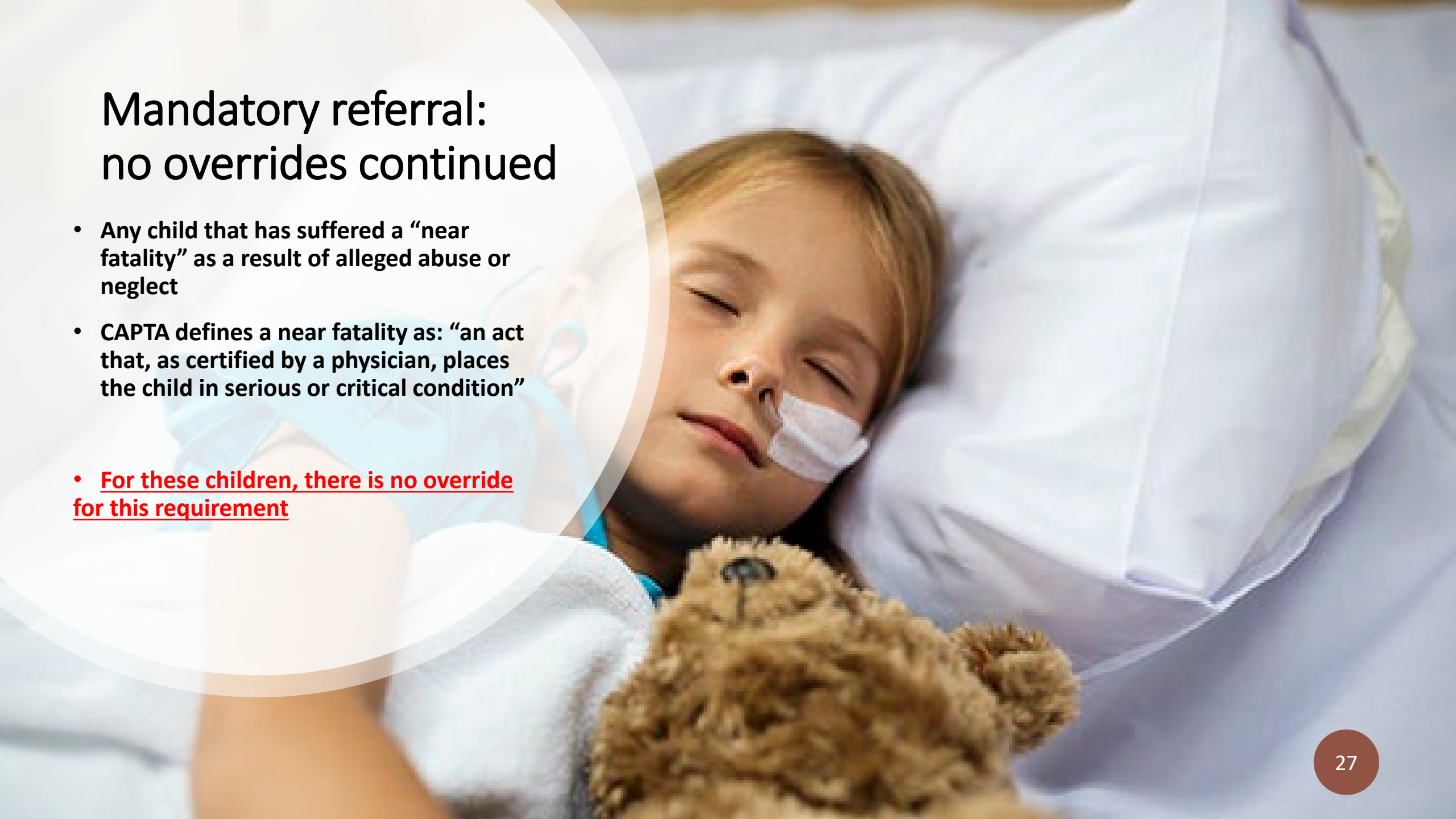
Mandatory Referrals: no overrides

- Children under the age of 1 or are pre-cruising with a Sentinel Injury
- Sentinel injury: Visible, poorly explained small injuries such as a bruise on any part of the body or intraoral injury in pre-cruising child often from abuse, can precede more serious abuse
- Cruising: means the child can pull to a stand and take a few steps holding onto something, typically occurs between the ages of 8-11 months
- For these children, there is no override of this requirement



Mandatory referral: no overrides continued

- Any child that has suffered a “near fatality” as a result of alleged abuse or neglect
- CAPTA defines a near fatality as: “an act that, as certified by a physician, places the child in serious or critical condition”
- For these children, there is no override for this requirement



Mandatory referrals overrides permitted:

- Children that are 3 years old and under; that are non-verbal; or that appear developmentally delayed; who, upon assessment or as reported by a medical provider, have or have concerns for:
 - Abusive head trauma
 - Bruises
 - Patterned bruises
 - Bruising in atypical areas such as ears, torso, backs of arms/legs, genitalia, buttocks and/or neck
 - Multiple bruises from a single injury
 - Petechial bruising



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Mandatory referrals overrides permitted cont:

- Injuries to the head
- Intentional, poorly explained or unexplained burns
- Fractures that are inflicted, poorly explained and/or unexplained
- Are a sibling, of any age, of a child that has suffered a near fatality as a result of alleged abuse or neglect
- Been hospitalized for concerns of maltreatment
- Malnutrition or failure to thrive



Mandatory referrals overrides permitted cont:

- **Factional disorder imposed upon another (medical child abuse)**
- **Chronic medical problems with repeated concerns for medical neglect**
- **Sexual abuse; this includes but is not limited to: fondling, penetration of any kind, exposure to pornography, grooming behavior and human trafficking**



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Policy override

- Written documentation from a rostered CMEP provider *stating that a CME is not necessary* can override this requirement as noted in section 2 in the policy.
- Documentation must indicate that the child has already obtained a complete medical evaluation for the concerns and/or no additional medical evaluation is needed.



Mandatory referrals override permitted continued:

- **Children that are: 3 years old or under; that are non-verbal; or that appear developmentally delayed; who live with a child that has, during the current CPS Assessment:**
 - **Obtained a serious injury including a sentinel injury**
 - **A sibling that died as a result of suspected abuse or neglect**
 - **Been placed outside of the home due to physical or sexual abuse**
 - **Tested positive for a sexually transmitted infection**



Policy override

- **Written documentation from a rostered CMEP provider stating that a CME is not necessary can override this requirement, as noted in section 3 in the policy. Documentation must indicate that the child has already obtained a complete medical evaluation for the concerns and/or no additional medical evaluation is needed.**
- **CMEP is drafting a form letter for providers to use in cases where an override would be appropriate**

Documentation must support why ...

- If a CME is not obtained for cases involving the following, child welfare documentation must support why that decision was made.
- Children who are 4 years old and older who during the assessment or as reported by a medical provider, where the following allegation are noted: same list as on slides 8 & 9
- The difference here is the age of the child



Other suggested cases for a CME

- This list is not intended to be all inclusive
- Determine the plausibility of the parent/caregiver's explanation for an injury
- Evaluating and interpreting developmental delays in children
- Assisting with the interpretation of behavioral concerns and recommending appropriate referrals
- Evaluating untreated or inadequately treated medical conditions which have a negative impact on the child's overall health



Consent

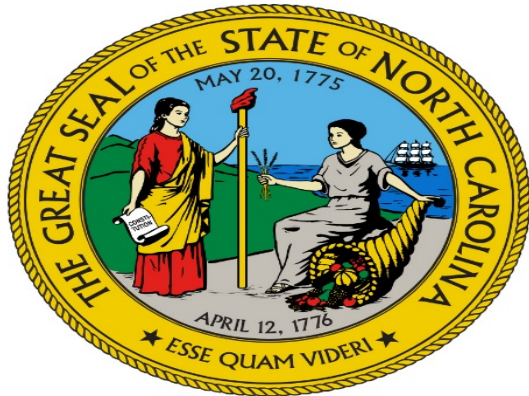
- The child welfare agency must obtain consent from the parent/legal guardian.
- Consent is only required from one parent
- If the child is in the custody of the county child welfare agency, the agency must obtain authorization for consent from the parent for a CME if this was not authorized by the court





QUESTIONS?





100 County DSS Director Call

Richard Stegenga

Business Operations

November 23, 2020

Coronavirus Relief Fund (CRF)

Discussion:

- *Allocations**
 - *Reallocations**
 - *Spending**
 - *Reporting**
 - *Monitoring**
-

Human Services COVID-19 Funds Update: CRF

★ Funds added in latest NCGA package

★ New in latest NCGA package

	<u>Coronavirus Relief Fund (CRF)</u>	<u>Awarded</u>	<u>Obligated</u>	<u>\$ Expensed</u>	<u>% Expensed</u>	<u>End of funding</u>
★	Special Assistance	\$45M	\$32.2M	\$32.2M	72%	Dec 30, 2020
★	Food Banks	\$12M	\$6M	\$3M	25%	Dec 30, 2020
★	Reinvestment Partners	\$3.5M	\$3.5M	\$833K	24%	Dec 30, 2020
	APS/CPS	\$8.3M	\$8.3M	\$187,753	2%	Dec 30, 2020
★	Foster Care Assistance	\$4.35M	\$1.9M	\$1.9M	44%	Dec 30, 2020
	LINKS	\$290K	\$21,354	\$21,354	7%	Dec 30, 2020
	ROAP transportation	\$5M	\$0	\$0	0%	Dec 30, 2020
★	Increase FNS access for dual eligibles	\$600K	\$600k	\$0	0%	Dec 30, 2020
★	Virtual foster care and adoption	\$300K	\$300K	\$0	0%	Dec 30, 2020

Human Services COVID-19 Funds Update: Non-CRF

<u>Older Americans Act COVID-19 funds</u>	<u>Awarded</u>	<u>Obligated</u>	<u>\$ Expensed</u>	<u>% Expensed</u>	<u>End of funding</u>
Meals Programs	\$22.2M	\$2.9M	\$2.9M	13%	Sept 30, 2021
Supportive Services	\$6.2M	~\$86K	~\$86K	1%	Sept 30, 2021
Family Caregiver	\$3.1M	~\$72K	~\$72K	2%	Sept 30, 2021
Ombudsman	\$616K	~\$23K	~\$23K	4%	Sept 30, 2021
<u>Other Non-CRF funds</u>					
LIHEAP Supplemental	\$25.5M	\$25.5M	~\$0	0%	Sept 30, 2021

THANK YOU FOR JOINING US TODAY

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES