



## Final Transcript

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

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#### **SPEAKERS**

Dr. Laws  
Kody Kinsley  
Victor Armstrong  
Michelle Elliot  
Deb Goda  
Dr. Carrie Brown  
Suzanne Thompson

#### **PRESENTATION**

Moderator                Ladies and gentlemen, 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 given at that time. [Operator instructions]. As a reminder, your conference is being recorded.

I would now like to turn the conference over to your host, Dr. Laws. Please go ahead.

Dr. Laws                Yes, thank you all of you for joining us again. We are excited that you to continue to call in and utilize what we're hoping is an informative and useful service that we're providing for consumers and families of our

Behavioral Health and IDD system. So again I just want to express gratitude that you're staying engaged and using this platform.

I'm going to now toss it to Deputy Secretary Kinsley.

Kody

Thank you so much, Dr. Laws, and thank you everyone for joining us today. We're really happy to spend the time with you. As we have been doing these past several weeks together, we think that our opening at the beginning to level-set, we want to keep that as short as possible and jump right to your questions.

But, I do want to spend a little bit more time today noting that we are officially moving into phase one of reopening, which is kind of an easing of restrictions, and that started Friday at 5 p.m. and through the weekend. I hope that for those of you that celebrated Mother's Day this weekend, you had a good time, albeit perhaps maybe from a distance or celebrated in a different way. I shared this with my team earlier that I spent the weekend trying to teach my mother how to FaceTime, which was a fun, joyous technical support experience with my mom. So, I hope that each of you in this strange times that we're in explored those sorts of things on your own.

My quick updates for you as we're moving into phase one is first that we want everyone to remember their Ws: and those are wear a cloth covering on your face when you're with other people, wait six feet apart when you are near other people to avoid close contact, and wash your hands often with soap and water. So, that's wear, wait, and wash. Hopefully those are easy things to remember. I know they're a little funny but they help me remember things when we're going outside right now as we're in this eased restriction time in phase one.

The plan is to continue to monitor the data to see if case rates continue to decline or how they modify over the coming days and weeks to understand if we could then move to phase two and with phase two there'd be a greater loosening of restrictions to allow more commercial activity. I know a lot of folks are interested in the impact on summer overnight camps and access to other types of businesses, such as restaurants, but we'll need to make sure that we can continue to sustain the kind of case rates that we need, which is low and slow to make sure that we could begin to open those sorts of things, to keep everyone safe. Remember we're trying to keep us all safe so that way we can continue to move through this as carefully as possible.

So, that is my overview. Again, I appreciate your patience with us. We know a lot of things have been changing, a lot of policies and rules around the services that are provided and so I hope that recent efforts to give a summary of those changes have been helpful for folks. We've sent out some emails recently to try to round up all those policy changes in one place. We've been trying to be more thoughtful about how we're sharing that information to make sure it's applicable and makes sense to the folks that receive it, make sure that you can understand and put it to good use and so we want your feedback on what doesn't make sense to make sure that we can fix that.

The last thing is that I shared a video recently and I sent it by email again this morning and then Tweeted the other day that hopefully talks to everyone, especially the folks on the call, makes good sense as far as what we're trying to do in responding to behavioral health and IDD needs during this time, but more importantly, how not only we're responding right now but we're continuing to look over the horizon. It's my strongly-held belief that our Behavioral Health and IDD system was stretched already and that COVID-19 has just put further stretching on it. We have a lot that we need to do to continue to bolster it. And so, I talk a little bit about that in the video and it talks about the priorities that we're trying to focus on and fix and that. But, we really need your partnership and your help in making sure we're all in the same page so that everyone in North Carolina knows what's important, whether it's the legislature, or private insurance companies or other employers that behavioral health services and IDD supports must be at top of mind for everyone and all of the systems to make sure that our state can be as healthy as possible in prioritizing that work.

Thank you all so much for your time. Thank you for being here. It's my great pleasure now to turn over the call to our Director for the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services Victor Armstrong. Victor?

Victor

Thank you, Deputy Secretary Kinsley. I would just say very briefly, first of all, I echo Deputy Secretary Kinsley's comments. We definitely value this time with you, having these conversations with you. We will continue to do this as long as you find value in it and as long as it enables us to get information to you on a timely basis.

I do want to also let you know that as we're having conversations, whether it's with the LME-MCOs, which we do on a weekly basis, whether we're talking to legislatures or other community stakeholders, we try at every opportunity to echo the things that we're hearing from you on this calls, the concerns that you have and making sure that they are prioritized.

One of the things that is of personal importance to me is that we're having conversations about the impact of COVID-19 on the underserved communities that we always raise a concern that the behavioral health community has always been an underserved community. As the Deputy Secretary alluded, we had an already stretched system and now we're even more stretched. So, we're trying to be mindful of that. We're taking every opportunity to try to loosen restrictions and try to make sure that we can advocate for more resources and then get those resources out and into the community.

So, thank you so much for your patience with us but thank you also for you also for your feedback and for helping to inform us on how we can better serve you.

Having said that, I will turn it back over to Dr. Laws.

Dr. Laws

Thank you, Deputy Secretary Kinsley and Director Armstrong, Victor and Kody. We so appreciate your leadership on these calls, and I know it's important to our consumers and family members and community stakeholders because I hear feedback as well as members of my team.

Today, consumers and families, and community stakeholders, we have again our dream team, our A-team: Deb Goda representing Medicaid, NC Medicaid, and the Division of Health Benefits; and we also have Dr. Carrie Brown; Renee Rader; Matt Herr; Michelle Elliot with DHSR. These will be the people who hopefully will be able to answer questions that you might have today. If we cannot answer your question today, we certainly will get a response back to you after the call.

I'm going to open it up to—or toss it back to the moderator who will give you instructions on how to submit your question, and get them answered by our panelists. Thank you.

Moderator

[Operator instructions].

Kody I'm just going to say, I know this group too well to believe that no one has a question, so we're patiently waiting.

Moderator We do have some questions queuing up. We're just waiting for the operator to get their names.

The first question will be from Jean Emmerson. Please go ahead.

Jean Good afternoon, everyone. I have a very serious question that I would like to address the panel with and I would like to feel as if I get an answer with this. I have a child that's under the age of 18 and is medically fragile. And, according to the stipulation right now it's been proposed that children that are on the Innovations Waiver under the age of 18, their parents are not allowed to be their caregivers during this time, unless this is approved. I am aware that this has been sent in for approval. I have heard nothing back and we're on—we've been out of school for quite a while now.

So, I'm wondering at this point, what does this look like? Is this going to be a question that we're not going to get an answer to? I know that there's parents that are on the CAP/C program and they are allowed to be their children's caregiver during the COVID-19 pandemic. I feel like the waiver children are being discriminated against at this point because we haven't gotten an answer. There's so many parents out there that are desperate to get an answer.

It looks like this fall, we don't know what we're in store for with medically-fragile children, because as of now, doctors are not allowing people to come in and work with our kiddos. So, what does this look like and can you give me a little bit better of an answer this week?

W So, our request is still at CMS, and unfortunately for us we have to get an answer from CMS before we can implement or else we're out of compliance with our contract with CMS and we'd have to pay back the funds that we paid out if we let parents of minor children provide services. It is something we want to do. It is not something that is going to be foregone because I anticipate that we will continue to need services as we have ups and downs with the crisis over the foreseeable future.

I am sorry for the inconvenience and the distress that this is causing. CAP/C has all children for the most part, except for the older, older kids, whereas our program is more weighted to the adult side. So, that's the

side we addressed first, so I'm sorry for that. As soon as we have any information on it being approved, we will send that out. It will be out in the bulletin and then there will be emails out to agencies and providers and MCOs and others so that everybody can get the word.

Jean Okay. Is there anything that parents can do? We're on week two of waiting since it's been submitted from you guys so I'm just wondering how long it takes for them to approve this or deny it.

W I think the problem is, is that we have 50 other states and innumerable waivers that are going through the same process. So, we will reach out to CMS and ask them to please let us know when they can finish reviewing this and offer to have a call with them if it will expedite it.

Jean That would be awesome. I really do appreciate that. Like I said, this is a hardship on a lot of parents because I for one can't work because I can't send my child to school when school starts, if it's the same situation because my child would die if they got this. So, it's something that all these parents are facing and I just want other people that are not walking in our shoes to truly understand that this is of a serious nature. I know that you get that. But, we're not able to even to go to our jobs and do our work so this would benefit—we're already doing the goals, we're already doing—because most of the parents are typically the people that create the goals. So, we're doing the goals. We know what we're doing so it would just be nice to be able to receive the compensation for the things that we're doing and also for our children not to lose their hours because that's another fear for the parents. If we're not utilizing our DSPs, are we going to lose our hours?

W No you are not. I will tell you that right now. You are not losing your hours if you can't use them because of COVID-19. You do not have to worry about that.

Jean Okay, thank you so much and I appreciate your attention to this matter. I really do. Thank you.

W No problem. I appreciate you continuing to advocate and keeping it at the top of the list.

Jean Thank you.

Moderator One moment please for our next question. The next question is from line 39. Please go ahead.

M I would like to know, my son is an ICF home and we haven't been able to see him since March because of this COVID-19 but he also hasn't been receiving any speech therapy, occupational therapy. Because of this, the therapist can't get out to the facility. Is that going to be until this thing is all over? Is there going to be any sort of ability that parents or guardians can go see their child in these homes, maybe using protective masks and gloves and whatever rather than waiting until who knows when these things are going to get lifted? I'd like to know. I mean, I see him on Skype right now but he's autistic and he doesn't understand why mommy and daddy can't come and see him face to face.

So, are they going to continue starting with the therapies he's supposed to be getting, speech and occupational and things like that? And, can parents eventually get to see their kid with protective gear? That's my question.

Michelle This is Michelle with DHSR.

M Yes?

Michelle One of the things with the ICF programs that are different from other residential facilities that are only state-licensed is these are certified by CMS. And, CMS guidelines right now are regarding visitation and having outside resources come into the ICFs and all that's being very strictly curtailed. And, we know that's a hardship not only for family members but for the clients being served as well.

We are hoping that we will see CMS modify that guidance as the statistics and Public Health information changes within localities. Right now we have not gotten that directive from CMS and also the governor has continued to advise and really dictate that facilities, congregate living facilities are very cautious about visitors and outside entities coming into the home.

So, I'm sorry that I don't have a more definitive answer. We're really just looking for the data to indicate that that would be a safe choice.

M Okay. We're looking at not weeks but months, maybe into going to the beginning of the year because that's what it seems. Everything is a slow start. We started this first week of easing restrictions but yet there's a lot

of businesses—and I don't know how they're going to be able to reopen without bringing any income in. They need to look at each county and say, okay, how bad is it. I think they're not taking a lot of things in consideration in opening this thing up. The biggest consideration is the people that work in this state. They just can't get back to work. I don't know how they're feeding their families, and banks are closed. You can't even rob a bank. Thank you very much.

W I empathize with where you're at and it's very hard for everyone. But Michelle is absolutely right. CMS issues that survey or guidance for the ICF facilities and they are looking at our most vulnerable population, and whereas it may be you've been isolating and you feel it's safe for you to see your child there's many other people there and unfortunately it's going to be time will tell.

And, I know that we are working on different phases of opening up the state. It's hard to get that balance between too fast and too slow. Too fast and everything will shut down again. Too slow I understand where you're coming from. So, I believe that Secretary Cohen is looking with other experts in DHHS and advising the governor on what the data is saying. We will keep you posted every step of the way. Thank you so much for your concern.

M Thank you. Thank you very much for this seminar.

Moderator The next question will come from the line of 178. Please go ahead.

W Hi. A couple weeks ago someone on one of these calls confirmed that children with autism were allowed to receive applied behavior analysis services during school instructional time for support with behavioral concerns. The MCO we work with stated that they needed to get written confirmation from DHHS that this was the case before they would approve that type of service during the school instructional time. Who can I contact to get confirmation for us to submit to our MCO?

Deb This is Deb, Deborah if you're emailing me or you're angry with me. So it's Deborah.goda@DHHS.nc.gov.

W Hold on I'm typing with one finger because I'm holding my phone with the other. Your last name is Goda?

Deb Yes. It's Yoda with a G.

W Got it. I really appreciate it. Thank you so much.

Deb You're welcome.

Moderator Thank you. Our next question is from line 177. Please go ahead.

Susan Hi my name is Susan Williams. Thanks for this seminar. I had a question. My son also is in ICF and I haven't seen him since March but my question is New Jersey is in the process of testing everybody in the disabled community, like in group homes, or institutions. I was wondering if North Carolina is going to be doing that soon because if they test everybody and then test visitors, we could visit them sooner.

W That is a very good question and I'm going to ask is Dr. Brown on the call or Dr. McCoy?

Moderator [Operator instructions].

W If they are not, then that is a question—

Dr. Brown Sorry, it's Dr. Brown. I'm here. That's an excellent question. The challenge of testing is that it only gives you results for that moment in time. So, you're right if we could have a quick enough test, we could test a visitor and know within minutes whether it's positive or not then that would work because [indiscernible] visit. But, where things are currently you could swab a visitor but it would take a day, 24, 48 hours to get the results, and even if it was negative the person could have turned positive by the time you got the results.

So, we're not quite there yet where we can use that sort of testing algorithm. There are situations where we do recommend or Public Health recommends testing an entire facility but that's typically where there's been an outbreak or at least one positive case and then you're testing everybody just to get a moment in time so that you can separate people that are positive and those that are negative. And, any healthcare workers that are positive you can provide them with leave to stop an outbreak. I think someday we will be at the point that you're talking about.

I know you may also be thinking about the antibody test, and the issue currently with the antibody test is nobody really knows whether—it's called the [indiscernible] that confirms immunity. Meaning, right now if

your antibody test is positive—it is specific that there are tests out there that will be specific enough for SARS-CoV-2, so you could say yes, you've been exposed to COVID-19. But what we don't know is whether you have enough antibodies that you would be immune if you got exposed again. That also we anticipate to have those sorts of answers soon.

So, for example you might think about with the chicken pox, you actually sometimes go to a doctor and they'll check a [indiscernible], so they'll check a level of the antibodies and we know how many antibodies you need in order to be resistant to a future infection.

I'm happy to answer any follow-up questions. I know that's a lot of information but the bottom line is we're not quite there yet but I think we will get there soon.

Susan                      Okay, thank you.

Moderator              The next question is from line 74. Please go ahead.

Benita                    Hi, this is Benita Cosell. I'm calling, similar to the question previous, I'm very aware of why the restrictions are occurring in the residential programs regarding visitors. But, is there any thought or guidance that's going to come out that may allow the individuals living in the residential settings to be able to get in a vehicle and actually go to a park where they could practice social distancing, just like the rest of the population as they have not been able to leave their house since mid-March? Is there any thought on that? Because, I do know that they would very much like to be able to get out.

Dr. Brown              This is Dr. Brown again. If you have a small group home, and everyone in that group home has been together for the last 14 days and there's no one that's positive within that group, you're right, there's no reason why that group couldn't go out to a park. They would need to be wearing face coverings and wash hands before and after and wait six feet apart, practice three Ws. But that theoretically should be permitted now.

The only restriction on outside gatherings is that it'd be no more than ten people. So you would want to do it in groups of ten based on the governor's executive order. You wouldn't want to have more than ten people. You still want to socially distance, wash your hands, wear your face covering. But, that should be permitted as of now.

Benita Do you think that some guidance may come out to providers to give them that little nudge that that could be okay as long as they followed the three Ws and making sure that they are sticking within the guidance that the governor has set forth?

Dr. Brown I see, you're asking could DHHS put out some guidance encouraging?

Benita Or at least saying this would be allowed.

Dr. Brown Got it. I'm happy to take that back to the team and see if that is not something that could be developed.

Benita Okay. Because right now, it's looking like group homes are going to be in a phase four or phase five because I've not seen them identified anywhere at this point. Like the previous caller said, it could be next year if we continue this and they should be able to go out to their community safely just like the rest of us.

Dr. Brown Right. So, I think what you're asking is just basically better clarification of the governor's executive order of how that would apply within a small group home in terms of what people could or not do.

Benita Yes. Thank you very much.

Dr. Brown It's a very reasonable request. Let us take that back and see if we can develop something.

Benita Thank you.

Moderator [Operator instructions]. We will move to the line 124. Please go ahead.

Catherine Yes, my name is Catherine Baldwin. I wanted to know if we have an EOR and we pick up extra hours that put us over the \$135,000 cost limit, how do we get paid as a provider. How does that work?

W You would need to reach out to your LME-MCO, to your care coordinator and let them know of the situation but those are being approved on a case-by-case basis if you have medically-necessary hours that need to be provided in excess of the \$135,000 limit. And that would be for folks who are doing it through provider agency and for those who are doing it employer of record.

Catherine Okay.

Dr. Laws I'm going to jump in here again and I really hate to be a stickler about this every Monday. But, we really set aside the Monday calls for consumers and families, and then on Thursday we have another call for providers. And so I'm hoping that providers will yield to consumers and families and community stakeholders and allow them to have this time today to ask their questions, and any provider-related questions you save for Thursday call. Thank you.

Moderator Thank you. We'll move to the line of 231. Please go ahead.

W Thank you so much for doing this. We really appreciate it. I have a question. I know we've talked about Innovations Waiver and medically-fragile and CAP/C, but can parents of CAP/DA children or grown adults be compensated for the care they're providing?

Deb That is a very good question and one that I will need to reach out to our CAP/DA partners for. So, if you don't mind sending me an email I will pass it on to the folks that administer that waiver over in the other sections.

W I will. I've got your number.

Deb No worries. I'm good with that.

W This is part two, if that's okay, or I'll wait and do another ten if somebody needs to go first.

Deb No go ahead.

W The second part is our worker has been with us for years and she cannot come because we have many high risk people in our household. And, she was denied unemployment. I guess she can't get the retainer payment, and has four children of her own. So, is there anything for people in that situation that can help them because it could be a while before they can come back to work? She has nothing.

Deb That is a very good question. One, I would say, put that in your email as well as far as her not being able to get the retainer payment because they'll know the rules around their retainer payment and will know if it can be

done. And then the second would be to reach out to the unemployment commission and find out what the deal is with the unemployment.

Other resources for other panelists? Suggestions?

W I did go back to the provider and asked why she was being denied unemployment and their statement was to me that as long as they're offering her a job, which they are, because there are plenty of vacancies out there for people who are willing to do that and are able to take the risk, she's not eligible for unemployment. To me, it's kind of a catch-22.

Deb Understood. That is a little bit beyond my ten [ph].

W Okay.

Deb But we will definitely find out about the retainer payments.

W Okay. Thank you. Just as an aside and a point of information, I was also told by the provider because I said I didn't want anyone coming to our house, I was told I could be discharged. I thought, I had to tell them that no, I don't think I will be discharged.

Deb I would put that in the email as well. We will get you all of your answers at one time.

W Alright. Thank you.

Deb I don't want to lose anyone. You're welcome.

W Great. Thank you so much.

Moderator The next question is from the line of 108. Please go ahead.

W Good afternoon. I'm a social worker in foster care and adoptions in Vance County. And I have two children on my case load that I would like a little more information about.

The first one is a five-year-old child. He was newly diagnosed with IDD. He's five but he functions on a two-and-a-half year old level. And, he's placed in Wake County right now. We've already set up trauma-focused therapy for him because being that he is in the custody of the state he did experience trauma around the age of two, two-and-a-half. So we've

placed trauma-focused therapy with him. He's placed in a non-therapeutic home but they are trained to work with children with development disabilities. I wanted to know, do you all have any more resources that may be available to assist him in moving forward in Wake County?

W Have you reached out to Alliance Behavioral Healthcare? Because, they are the LME-MCO and they will be able to tell you what services are available and help you get him on the registry of unmet needs for Innovations if that looks like it's a need. And, they also have their array of state funded services as well.

W Thank you. The other child is a 16-year-old child. He has several diagnoses and IDD is one of them. He has IDD, ODD, ADHD, he's on the autism spectrum. He has an IQ of 40, and he does have destructive behavior. Now he has not been destructive towards individuals but objects, things, those are the things that he tends to lash out towards. Now, we are looking for a different placement for him. Do you have any recommendations for him?

W What county?

W Currently he's in Vance County but we're willing to look at other options that are close by.

W Remind me again, what county are you in? Because, I think I've crossed counties in my mind.

W I am in Vance County.

W Okay, are both these kids in custody of Vance DSS?

W Yes, that's correct.

W Okay. So, you need to reach out to Cardinal.

W I am actually in [indiscernible] with Cardinal, and they're working with me closely but it's really hard to try to find a placement for him. We've narrowed down a few but I wanted to see if you guys had any other resources that we have not come across.

W Cardinal would be my first stop because they have a contracted network where I could name providers that might not be anywhere near. So, I

would go with them first and then they usually reach out to us if they're running into an issue.

W Okay.

W Thank you so much.

W Thank you.

Moderator Our next question is from line 268. Please go ahead.

W Hello?

Moderator Yes, your line is open.

W I'm sorry. I was wondering when the provider call was on Thursday because the last two Thursdays there has only been doctors' calls.

W I would defer to Dr. Laws and Suzanne, for the information, but there is a doctor call in the evening hosted by AHEC and CCMC, I believe.

W We wanted mental health.

W That's a different call, and that's in the afternoon.

W Well, we have not been able to locate those, so I will go back and look.

W No, wait a second. Suzanne?

Dr. Laws The providers call is at 3:00 on Thursday and there's a call-in number for that, but that's at 3:00. Sorry, sign-in link.

Suzanne This is Suzanne. If you want to call me at 919-268-7386, I will get all your information and make sure you are on the invitation list for the provider call.

W Thank you so much.

Moderator At this time, there are no further questions in queue.

Dr. Laws We want to thank everyone again for participating on this call. It's really important that we are hearing directly from you. I'm going to let Suzanne

share with you how you can continue to stay engaged and get information or questions to us. But, thanks, everyone, stay well. I don't want to sound cliché-ish, but we really truly are all in this together and we're working as hard as we can, committed to making sure that our consumers and our families are taken care of. Thank you all so much.

Suzanne

So, if anybody is not getting the email invites for either this call or the provider call, if you will reach out to me at 919-268-7386, I will make sure that you're on the list and if you have anybody that needs to be added, please have them reach out to me. As always, you can reach out to anybody on the community engagement and empowerment team for additional resources.

We also have a webinar series that we're doing this month and those are going out to everybody who is on our list. And then also, if you go to the DMH website, about halfway down on the page, there is a box, a blue banner box that says if you have questions about COVID-19, if you click on that link, you can type in your question and we will field all those questions.

Thank you again for your time and we look forward to having another call next week.

Moderator

Ladies and gentlemen, that does conclude our conference for today. Thank you for your participation and for using AT&T Teleconference Service. You may now disconnect.