



Final Transcript

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

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SPEAKERS

Dr. Michelle Laws
Victor Armstrong
Deborah Goda
Renee Rader
Kelsi Knick
Dr. Carrie Brown

PRESENTATION

Moderator Ladies and gentlemen, thank you for standing by and 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, instructions will be given at that time. [Operator instructions]. As a reminder, today's call is being recorded.

I will now turn the call over to your host, Dr. Michelle Laws. Please go ahead.

Dr. Laws Thank you, and thank you, everyone, for joining the consumer family members and community stakeholders COVID update call. This is really important to us that we are communicating with you as frequently as we possibly can to keep you updated on new policies and actions that we're taking at the Division of Mental Health Developmental Disabilities and

Substance Abuse Services and NC Medicaid or the Division of Health Benefits.

Without further delay, what I will do is pass this to our new Division Director, Victor Armstrong, and he will give you some highlights and updates, and then we will get more into the weeds, I think, with Deb Goda, who's representing NC Medicaid and Renee Rader, who is with our division.

Director Armstrong, it's all yours.

Victor

Thank you. I do want to thank you all for tuning into the call today. Our Deputy Secretary for Mental Health, Kody Kinsley, was not able to be on the call today and I don't believe that Dave Richard [ph] was able to be on the call either, but we will try our best, in their stead, to give you all the updates and answer your questions.

As always, I want to start by saying to you that we do recognize that this is a very difficult time. It's an unprecedented time and it is our goal and our hope that we are providing you with as accurate and up-to-the-date information as we possibly can.

We do value communication and we realize that the things that we communicate and the things that we're doing, in our various departments, impact you directly, so we value your input and we value the opportunity to have this conversation and this type of conversation with you.

To give you a little bit of an update on where we are with coronavirus cases, we do have the COVID count as of today. The last numbers that I've seen were up to 6,764 documented cases with 179 deaths and 373 hospitalizations.

I do realize that there are people on this call, many people on this call, that have been directly impacted by this and the people that you know, that you love and that you care about have been impacted by this and we're very sensitive to that, and that's all the more reason that we think it is very important for us to have these conversations and to be able to share information with you.

I can assure you that we are working diligently, in all of our departments, trying to make sure that we are mindful of the challenges that you are facing and the providers and the MCOs that serve you are facing and try to

be as flexible as we can to make sure that we are creating an environment where services can be given in the way that they're needed and the amount that they're needed and in the place that they're needed for all the many consumers and family members who are impacted.

I do want to remind you that we do have some resources online that are available. You can call or text 211 to call for assistance and that would specifically be assistance that can address any of the social determinants of health that people are facing and are impacted by.

I also want to remind you that we do have the Hope for NC helpline available at 1-855-587-3463 and our Hope for Healers helpline that is to help those frontline staff that are providing care to people impacted by COVID-19. That number is 919-226-2002.

Throughout the call, we'll be giving you some updates on some things that we are doing specifically to try to address the impact of the coronavirus on consumers and family members in our state.

For some of those updates, I'm going to now toss it over to Renee Rader with specific Behavioral Health and IDD Policy updates. Then, we'll turn it over to our friends at Health Benefits.

Renee

Hi, good afternoon. I have just a few state-funded services updates this afternoon. First of all, we did publish a supported employment flexibility policy this afternoon to our website, so you will find that at the DMH website. We have also begun looking at the Tenancy Management Services and our Critical Time Intervention Services.

We should have additional guidance about those posted to the website either later today or tomorrow. We've also added flexibility to state-funded services that are mirrored with the NC Medicaid services and our Medicaid partners will talk about these shortly, but they published these with a special Medicaid bulletin and I wanted to just clarify that we are offering the same flexibilities on the state-funded services side as are being offered on the Medicaid side with the only exception being prior approval or that's when you request to receive services.

There's limited funding on the state-funded side and so for prior approval or requesting services, you'll need to contact your LME/MCO to find out how they're handling that flexibility. I think those are the only state-funded announcements for this week.

I'll hand it over to Kelsi [ph] next.

Kelsi

Thanks, Renee. At Medicaid, we have a few updates I'd like to share with you. Medicaid's been working really hard in partnership with DMH to post some updated policy bulletins, so I wanted to run through them to share with you.

We've updated and posted special bulletin number 45, which is increased therapeutic leave days for ICFs and IDD facilities and that bulletin shows that we have increased the therapeutic leave days from 45 days to 90 days.

We've also posted a special communication bulletin, number 46, which is entitled Behavioral Health Service Flexibilities, and that special bulletin elaborates on the flexibilities that are in addition to the flexibilities that have been announced in our previous bulletin. These flexibilities cover the majority of our clinical coverage policies that haven't been addressed previously.

These are temporary changes that are going to be retroactive back to March 10th. Some of the examples that this—it's a very long and detailed bulletin—but some of the flexibility examples that we've put in there are waiving PA, we're waiving certain training requirements for the providers. We're allowing certain components of the services to be provided telephonically or via telehealth. We're waiving certain staff to beneficiary ratios, we're allowing staff supervision to occur, virtually or by telephonic means. We're waiving urine drug screens for some of our substance use services. Those are some of the examples that are demonstrated in that bulletin.

Another bulletin that was posted is number 50 and it's actually a bulletin but it's demonstrating that we posted the webinar that was completed on the appendix case flexibilities for the North Carolina Innovations and the TBI waivers. If you weren't able to listen to that webinar, that webinar was recorded and posted so I'd encourage you to go online and you can listen to that webinar.

Another thing that we've realized at the department is that the idea of telehealth is new to a lot of people and may be uncomfortable to a lot of people, so the department has worked to develop a short, educational video that demonstrates the use of telehealth to kind of ease some of the

uncomfortableness of people who haven't used that type of technology before.

We do have that available online as well. It's available at the Beneficiary COVID-19 Guidance and Resource webpage of the North Carolina Medicaid websites. We would also encourage you to go online and take a look at the video. It's very well put together, and I'd encourage you to look at that as well.

We're also working on one additional bulletin that we hope to have coming out this week that will speak to allowing licensed professionals and associate licensed professionals to use telephonic interventions if clinically appropriate, and if the use of two-way real time audio/visual interventions aren't available, that they could use the telephonic interventions to provide psychotherapy.

Those are some of the highlights of the Medicaid policy updates that I have. Now, I think I'll turn it back over to Kevin, so he can assist those on the call, if you have any questions that you would like to ask DMH or Medicaid staff.

Moderator Thank you. [Operator instructions]. Please standby until we get the first question. One moment, please. We had two lines that had no response. Please standby.

It looks like we do have a question on the line of Kathy [ph] [Indiscernible]. Please go ahead.

Kathy Is there any loosening of testing guidelines foreseeable in terms of asymptomatic people coming out of congregate living, for example? Did you hear my question?

Moderator Speakers, are you there? Please standby.

Kelsi Kathy, can you repeat the question, please?

Moderator Kathy, your line is open. Go ahead with your question.

Kathy Is there any foreseeable loosening of the testing guidelines for COVID, for example, for someone coming out of congregate living? Right now you have to be symptomatic in order to be tested.

- Renee If I'm understanding correctly, your question is will there be an ability for people coming out of congregate care that are not symptomatic to receive a test before they move to their next placement?
- Kathy Yes, which would be home. Yes.
- Renee Okay. Dr. Brown?
- Dr. Brown Hi. I'm on. Unfortunately, I hate to not give you a clear answer, but it's based on public health guidance, so it's really up to the Division of Public Health as to whether that guidance will change. At the moment, there are times where you do test the asymptomatic individuals, even currently, and that's in the pending of an outbreak.
- For example, if you have a skilled nursing facility that has an outbreak, then all of the residents get tested. Where, if you have a prison, the Department of Corrections camp, where there's an outbreak, everyone gets tested whether they have symptoms or not.
- But I think what you're asking for is an isolated one-off, somebody is leaving a setting where there's no positives and just wants a test to confirm they're negative before they come home. That would be based on the individual physician. The individual physician could choose to do the swab, the primary care physician for that individual could choose to do the swab and send it, for example, through LabCorp.
- I don't believe that LabCorp or some of the other commercial labs have any restrictions. They just take all of the samples and run them, but that would be up to the primary care physician to make that decision because of just determining that that person could potentially be at a higher risk, if that makes any sense.
- Kathy Yes, and what about the person that they're going home to being at higher risk? I guess that's more the issue, really.
- Dr. Brown Right, exactly. That's why it would be the individual physician knowing the individual's circumstances could order it. I believe that all of the commercial labs take samples regardless of—in other words, just run the sample. They don't put restrictions on the sample.

But guidance in terms of public health for how you manage the whole population is why that was based on symptoms or an exposure to an outbreak. Hopefully, that makes it a little bit clearer.

Kathy

Thank you.

Dr. Brown

Yes, no problem.

Moderator

Alright, we'll go to the next question, and that is from the line of Lynn Martin [ph]. Please go ahead.

Lynn

Hi. We provide EOR services under the Innovations waiver, so we do self-directed ourselves. There's been a lot of exceptions and a lot of flexibilities for staff that are not coming to work, whether they choose not to come to work, they can be laid off and get unemployment, they can get retainer pay, but what about my staff who have been major troopers and they have continued to come to work because they knew what a difficult situation it would put our family in?

Many commercial places such as grocery stores and that stuff are paying a premium, a \$2 an hour difference or something like that. I've asked the MCOs over and over about something for my staff that are going above and beyond the call of duty not to put my family in harm's way or change my son's day-to-day services. Is there any consideration to that?

Renee

Some of the LME/MCOs I've seen have already issued guidance on rate increases that they're doing in this situation. Have you not heard from your MCOs?

Lynn

No. I'm in Partners and all that we have gotten is the retainer pay, information on that, and then there's a service stability funding request, but it's more about a big provider, when you read the forms, than it is with the EORs. I feel like the self-directed people are getting lost in the shuffle of all of this.

Renee

Okay. I'm going to pass it onto our IDD manager for the waiver and see if he can add [indiscernible] to his next call with the MCOs.

Lynn

Okay, thank you.

Moderator

Okay, next we have the line of—one moment, please. We'll go to Melinda Plugh [ph]. Please go ahead.

Melinda Hi there. I'm legal guardian for my 39-year-old brother-in-law who has both IDD and mental health issues in the Cardinal catchment area and my question is, I'm wondering if DHHS has developed any clear guidelines as to what's going to happen if he has to go to the hospital and he needs a caregiver there with him?

I suspect I would be turned away at the door. My provider has written a letter and other organizations have signed onto it but I'm really hoping that maybe some specific guidance from DHHS is coming or maybe that it's already out there and I had missed it.

Victor I'll speak to that. That's been an ongoing topic that we've been working on and it is a nuanced approach. There is some guidance that's out there that speaks broadly to the fact that someone who is developmentally disabled, has development disabilities, has the right to have their caretaker with them in a hospital setting.

Where some of the challenge comes in is that hospital systems are trying to balance consumer rights and patient rights with trying to protect all of the staff in their facility and trying to protect other patients within their facility, so we're having some conversation both with the North Carolina Healthcare Association. We've had some conversation from some stakeholder organizations. So we're trying to best balance making sure that hospital assistants and that consumers and stakeholders understand our position that they have the right to have that caretaker with them, but also understanding that we won't have the ability in every hospital system to dictate the hospital visitation policy.

So we're still kind of working on some of the [speaker off-mic] guidance around that, but I can tell you that our position is that we want individuals to be able to have that caretaker with them in a hospital setting. Again, the challenge is trying to balance that with the hospital also feeling like they have to protect patients and staff in their facilities.

Moderator Thank you. Next question is from the line of Carrie Acker [ph]. Please go ahead.

Carrie Hello. This is Carrie Acker. I'm the Chair [indiscernible] NDD Council [ph]. I have a question about what I'm hearing from families is, is telehealth going to be an option for direct [ph] support to be able to use? Families have said even if they have them occupied doing something

online, that could help them at least go take a shower or take a break. So these are for families that are refusing direct support staff services right now, because of the fear of the compromised systems that they have in their home, but still needing some support and wanted to see if direct support could be used through telehealth services. Thank you.

W That is something that we're looking into, Carrie. We wanted to get the Appendix K flexibilities out there first and that's kind of next steps for us. So thank you for validating that we're moving in the right direction.

Carrie Thank you.

Moderator Next question is from the line of Gladys Christian [ph]. Please go ahead.

Gladys Okay. Thank you very much. I am Gladys Christian. I live in Winston-Salem. I'm on a Triad Consumer Family Advisory, also Disability Rights of North Carolina. I'm new on there. But anyway, when you mention about the telehealth, I didn't get the information of how obtain that. It was said on the line what website you need to go to, but I didn't get it.

Kelsi Yes. If you go to—sorry. You go to North Carolina DHHS' webpage on—it will be on the DHHS webpage. There's a few ways that you can get to it. One of the resources is entitled, "Why Telehealth in COVID-19?" The video is a little under three minutes and it's actually in English and in Spanish. There is a link on the DHHS webpage that has everything COVID-19 related on there. You should be able to get to it through that link. If you're having—did you find it?

Gladys Oh no. I'm writing this down what you're saying.

Kelsi Oh, because I can give you my email address and you can email me directly if you're having problems with it.

Gladys Okay. That would be great. Okay. I'm ready.

Kelsi Okay. I'm just going to spell my name out just so you have it spelled right. It's kelsi.knick@dhhs.nc.gov.

Gladys Okay. I have it. Alright. Yes, because I'd like to be—oh, pardon?

Kelsi I was just going to say so if you just send me an email I'll send you the direct link so you can get to it.

Gladys Okay. Thank you very much, because I like to be resourceful. I'm retired from Centerpoint [ph] but I was a Certified Peer Support Specialist and a trainer. So I continue to like to be resourceful and to advocate for others. Thank you very much.

Kelsi Absolutely. And if anybody else has difficulties, just happy to help.

Moderator Next we have Mary Lloyd [ph]. Please go ahead.

Mary Good afternoon everybody. My question is regarding Appendix K. I am a resident of Burke County, Western North Carolina and my MCO is Partners. I have been attempting for the last two weeks to get connected through Appendix K. First I wasn't aware that this was out there and someone sent it to me, so I began the process of asking my provider about being able to fill in some hours in the evenings and on the weekends just for the continuity of services because I only have one staff person available for during the week when I'm working and on the weekends we just sort of fall off. I felt like this would really help us during this time until we could find individual staff.

My challenge has been when I mentioned it to my QP, told me one, they knew nothing about Appendix K and then the conversation has been ongoing for the last two weeks that one, I need to fill out an application, that I need to provide proof of vehicle, insurance and registration, CPR, first aid, NCI or something equivalent. I have to give them my driver's license, social security.

And just in the way that I read Appendix K and I have involved my care manager from Partners and we've been having email conversations and we cannot seem to get the QP and the provider, which is a small miracle, to understand that we can start this process and then proceed going forward if we're going to go out beyond the 90 days.

I'm stuck and they're telling me they haven't heard of Appendix K. I've sent it to them and still I'm getting nowhere. I just need some help.

Deborah Okay. So I would encourage your care coordinator to reach out to the provider network specialist to get some intervention with your provider agency. You can also consider using another provider agency. That's your choice. They will need some basic information to be able to get you hooked up as an employee with their organization so that you could be

paid. So you will have to give them social security number and driver's license and things of that nature.

So one, get them the basic information. Two, they need to reach out to their provider network specialist or the care coordinator needs to get the network specialist to reach out to them. It is posted on our website under the special bulletins, all of the Appendix K flexibilities. So that would be an easy place for you to point them to.

Mary Yes, ma'am. I've done that and I will continue to do that. The challenge is right now with me being working from home, submitting that documentation isn't something that I can do today. I mean, I'm not at a place where I can make copies of the driver's license and all of that.

So I've been asking for some flexibility just so that we could at least do the online application to get me started, but for everything that I try I'm still hitting a roadblock. And the care manager has reached out and said where is the flexibility and what can we do? Because as I said, this is going into week number three.

Deborah Okay. So I would recommend taking a picture of your driver's license and your social security card and that way you'll have them to attach, because I know you're not going to be able to make copies of them. Then if you would send me your information so I can explain who you are and who your child is to Partners.

Mary Yes, ma'am.

Deborah So my email is my first name, dot last name. Nobody else is listening. So nobody else hears this. It's a joke. Deborah.goda@dhhs.nc.gov and please only call me Deborah if you're angry with me, because I have trauma [ph].

Mary I will not.

Deborah Please call me Debra.

Mary Deb. Okay. Thank you, Deb. I do appreciate this so much.

Deborah No worries.

Mary Thank you.

- Moderator Our next question is from the line of Laura Goddard [ph]. Please go ahead.
- Laura Hello. This is Laura and I'm from Raleigh, North Carolina. I thought this was for consumers today, but evidently it's for providers also. I was confused about that. I was going to thank you for opening it up to consumers, but evidently providers are on the line too.
- My question is why it took so long to open it up to consumers, because this virus has been going on for so long. My provider has been doing online teleconferencing since the virus opened up which is really good, but it's not as efficient as it would be as meeting in person. We even have group teleconferencing, but it's not as efficient as meeting in person.
- I wanted to thank you all for having it online, but I would like to see more information opened up to consumers so that we have the opportunity to hear back from you all.
- W Thank you very much. We do appreciate hearing from you guys and it helps us look at what we're doing and make sure that we're going in the right direction. These calls are held every week and I definitely think that's something that we're going to continue for a while. In the middle of the week there's something you think of you're always—
- Laura This is the first knowledge that I had received of a notice of it. So this was the first notice that I have received that there was a conference call and I had not [overlapping voices].
- W So this is a standing call so we'll be here again next week. We need to make sure that we continue to keep pushing the notices out to people to share with other people to make sure we hit everybody. So I'm glad you made it to this call and I hope that you'll be with us again next week and that you'll share this information with people that you know. Thank you so much.
- Laura Will we have the same numbers?
- W Suzanne, do we have the same number for next week?
- Suzanne Yes we do. Laura, if you'll send me an email with your email, I'll make sure that we get you added to our distribution list.

Laura [Overlapping voices]. Spell your email name, your contact.

Suzanne My name is Suzanne Thompson.

Laura Alright. Spell it slow. Suz—

Suzanne Suzanne.thompson@dhhs.nc.gov

Laura Thank you.

Victor I do want to specify, this is a consumer call. This is a behavioral health IDD consumer call. We do have a separate call for providers. I know that sometimes people may dial into one call or the other, but we do try to reserve this call for consumer and stakeholder conversations, their questions and us getting feedback through them.

Moderator Okay. Now next question is from the line of Frank Macia [ph]. Please go ahead.

Frank Yes. My question is this, I have a son who's in an ICF home and we have not been able to go see him. We've been Skyping with him over the computer, but when are the restrictions going to lighten up on going to see my son, even if requires us to wear a mask while we're at the facility? What exactly can we do to have them take him out and bring them back let's say for a day or two days? So my questions is, when are some of these restrictions going to ease up a little bit?

W Dr. Brown, do you want to take that one?

Dr. Brown Sure, I can try to do that. You know, as the governor has said, we're monitoring all of the [background noise] in North Carolina closely to make sure that we can safely reopen North Carolina and that's being reviewed every single day. We're not there quite yet, but we are making progress.

But I think you might be talking about therapeutic leave. The therapeutic leave was increased from 45 to 90 days. So you could bring your son home for up to 90 consecutive days. It is true that the facility's—you'd want to talk about it with the facility—the facility's attending physician could request that your son remain home with you until the crisis is over. So you want to kind of just talk with your facility to sort of make those

arrangements in terms of your son being able to come home for periods of time.

Frank Are they going to test us? In other words, if we pick him up are they going to test us to see if we have any part of the virus or maybe we had it already? Are they going to retest him when he does go back to the facility?

Dr. Brown So you would have to talk to your specific facility. Just figure out how they operationalize the leave. I will give one sort of caution about testing. If you test someone that doesn't have any symptoms and your test comes back negative, it just means that you're negative for that moment in time. You could turn positive the next day.

So what's a little more effective is to think through whether there's anyone in the facility that your son is in that's positive, because then there would be a reason to think that your son had been exposed to someone that was positive and then could possibly be positive and then it may make sense for you to work with a provider at the ICF to do some testing before he would return home.

Then you would work with your own personal physician and say, "Look, I'm bringing my son home and I'd like to know." But part of the problem is if you don't have a known exposure to anyone that has COVID-19 and you don't have symptoms, it's not all that helpful to test you because it just tells you at that moment in time you're not positive but you could turn positive the next day if you've been exposed.

I don't know if that is at all clear, but I'd just encourage you to talk to the head doctor at your particular ICF to figure out how they're going to operationalize therapeutic leave for their particular facility.

Frank Alright. Thank you very much. I appreciate this [ph].

Moderator Okay. Next we have Laura Gale [ph]. Please go ahead.

Laura G. Oh, thank you for taking these calls to answer questions. You did answer [audio drop] question about whether that informational video was in Spanish. Will you be translating it into any other languages?

- W That is a good question and I don't know the answer to that. I'm not sure if anybody else does on the line, but if they don't, I will definitely take that back.
- Laura G. Thank you very much.
- Victor Did you have a specific language that you were inquiring about or just in general?
- Laura G. I do know that there's a lot of families around me that speak [indiscernible] and we've seen some benefits of telehealth, but I wanted to be able to share if that was also.
- Victor Thank you.
- Moderator Okay. Next question will be from the line of Alexa Prudent [ph]. Please go ahead.
- Alexa Yes. Good afternoon everyone. I live in Hamlet, North Carolina. I have a 27-year-old son who is special needs, has respiratory conditions and allergies. Right now we're receiving services for personal assistance which is 30 hours a month. You break it down to like 7.5 hours a week.
- We're attempting to get on the list again for respite services and I would like to know are there any increase in hours due to the COVID-19? And if so, is it written anywhere where I can also forward this information to my care coordinator? And is there any other services that are available while we're on the waiting list for Innovation waiver services?
- W Renee, can I defer that to you for state funds?
- Renee Yes, absolutely. So there are some services available for folks who are on the Innovations waiting list. You do need to contact your individual LME/MCO because those are going to vary based on funding that's available. In terms of respite hour availability, you would also need to contact your LME/MCO and they could tell you specifically what they have available.
- Alexa Okay. Are there any hours that can be increased?
- Renee So with state-funded services we aren't able to have hard and fast rules at the state level because a lot of that is based on the funding that's available

which is why I'm always directing people back to the LME/MCOs to ask them what they have.

Alexa Okay. Thank you very much.

Moderator Alright. Next we will go to the line of Penny Townsend [ph]. Please go ahead.

Penny Yes. Thank you. I am a parent and my daughter's in a group home. I just wanted to get an updated requirements for staff going in and out. I feel like of course they need to wear masks and all this stuff, but they leave the group home. They go visit families. They go to Walmart. They do this, so how do we keep our children safe with them going in and out of the group home and what are their updated requirements as far as PPE and anything else?

Dr. Brown I'll try to take a stab at that. So theoretically the group home management should be screening every employee before they come into the home every morning and they should screen them including taking a temperature of that employee and screen them with questions like do they have a cough? Have they been exposed to anyone that has a confirmed diagnosis of COVID-19, etc.? And then take their temperature to make sure that they don't have temperature.

Then during the work while they're working in the group home, many group homes are using cloth masks if they don't have access to surgical masks. As we know, there's a global shortage of both the N95 masks which are the ones that have to be specifically fitted to your face and then there's just the regular kind of surgical masks. The regular surgical masks are good for everyday use, but there is a global shortage of them.

So the advantage of the cloth mask—so if they don't have it, the CDC has said if you don't have a surgical mask you can wear a fabric mask. Now, to be perfectly honest, that fabric mask is probably not going to do much to protect the employee if anyone in the group home is positive, but it should do a fair amount to protect anyone living in the group home.

Penny Yes, that's my concern.

Dr. Brown Yes, exactly. And so all of that guidance is already out there so it may be that you need to speak with the administrator for the particular group home and ask them how are they screening their employees before they

come to work? Have they been able to supply cloth masks or surgical masks for all their employees?

Penny Right. Well I have talked to the supervisor and she has said exactly what you did, but when I talk with my daughter on the phone I'll say, "Who's staffing? Are they wearing masks?" She says no. So you know, how do you make sure they're going to do this? The tracking thing is really hard and there's four in the group home right now and they're all healthy and we want it to stay that way. We don't want anything brought in of course.

Dr. Brown Of course. So one, you can encourage your daughter to ask, right? So your daughter needs to—if she's able to, if she can ask why they aren't wearing a mask. Then I think if you have that information you can just call the supervisor and say, "You told me they were wearing masks. My daughter says they aren't," because it may be that the supervisor doesn't know that the employees aren't following protocol.

Penny Right. Well I had called her twice and she had said they're supposed to be wearing them, but one person in particular my daughter tells me does not wear the mask. So just calling the supervisor back is about all I can do with that.

Dr. Brown Unless there's anyone else on the phone that has other ideas.

Michiele Dr. Brown, this is Michiele Elliott.

Dr. Brown Go for it.

Michiele I just wanted to mention that we have made contact with our providers to make sure that they're well aware of all of the precautions that Dr. Brown outlined. It does sound like this may be the case of an employee who is not following the directions they're getting from their supervisor.

If you've talked to the supervisor and not had any success you can feel free to reach out to us. We'll be glad to make contact with the facility. Most of our facilities as Dr. Brown has explained are trying to deal with the shortage of PPE by having cloth masks and also having employees being very careful about what they're doing in their personal lives to make sure that they're not exposed.

Penny Right.

Michiele But, feel free to email me, Michiele.Elliott@dhhs.nc.gov, about your specific situation. I'll be glad to just reach out to the group home to make sure they're aware of the precautions and if there's any way we can help them ensure that folks are kept safe.

Penny That's great. Could you give your email again?

Michiele It's Michelle, and it's spelled funny. It's michiele.mlliott@dhhs.nc.gov.

Penny Okay. All right, well, thank you so much.

Michiele You're welcome.

Moderator Our next question is from the line of Dana Alley [ph]. Please go ahead.

Dana Hi. My son is a waiver recipient. I know you mentioned earlier that you are going to be looking into telehealth for receiving CLS and community networking services. Do you have an idea of when you might have that opportunity to look at that and when we might know whether or not that will be approved?

Deb Kenneth, do we have a target date for this? That is something I'll have to get back to you on [audio drops].

Dana How will I find out?

Deborah Actually, it's something that we want to go into our email. If I can give you our email address for this specific COVID questions?

Dana Okay.

Deborah Let me just find it. There are just some days where two screens are not enough. Okay, it's medicaid.COVID19@dhhs.nc.gov, and that'll come over to us as the waiver question. That way, we'll be able to put that in next and when we're running the FAQs if we can have it as an FAQ question.

Dana Okay. That'll be great. Thank you so much. I appreciate it.

Deborah Thank you.

Moderator Okay. Next, we go to the line of Dottie Foley [ph]. Please go ahead.

Dottie Great, thanks. Thanks for the call. This is in regard once again to Appendix K flexibilities and retainer payments. I'm asking again because it seems that I am continuing to receive different responses from folks at the state level, from our LME/MCO, they are giving me a different response, and then the agency.

Very briefly, a family takes their child home due to COVID. The family is then covering all of the hours. The staff are not working because of this. I understand retainer payments allow staff to get paid during this time, and I also understand—if I have this right—that family gets paid during the hours that they're covering, so two very brief related questions.

I was told from the Department of Health Benefits that the retainer payments and relative payment can occur at the same time. For example, if staff's working 20 hours, the family then covers those hours, do both the staff and the family get paid for those hours? Then, I have a second question, so I'll pause there.

Deborah My first question is for Kevin. Kevin, I have someone on the phone to answer those questions who is on mute is there a specific code to enter? Okay, Kevin?

Moderator That person would have to press one then zero.

Deborah One, then zero. Okay. We'll see if that works. Thank you.

Moderator Okay.

Deborah Okay. Hold just one second, Dottie. We'll see if that works.

Dottie Okay, Deb. While we're holding for Kevin, I'm not sure that I need the code; I just need the answer to the question.

Deborah Oh, no. I was giving him the code so he could answer the question. Oh, evidently, it's put him in queue.

Dottie Alright.

Deborah Okay, so somehow or another, he's ended up stuck in the queue, so I'm going to say I am just going to ask him. Kenneth, the staff can be paid

through the retainer payment, and then the family can provide services in the home.

Moderator Okay, I believe that person's line is open.

Deborah Yes. The answer is yes, Dottie.

Dottie Deb, I think [overlapping voices] Yes, and I don't want to take an extended time here. What I'm trying to say is if a family gets paid for the hours they're covering, that would mean—I would assume—that staff would not get paid, or that sounds like a double payment for the same hours.

Kenneth This is Kenneth. Can you hear me now?

Deborah Go ahead, Kenneth.

Kenneth Okay, so right.

Deborah We can hear you now.

Kenneth Okay, very good. Very excited. A retainer payment, the purpose is to try to retain our direct support professionals. When a family member is getting paid to provide the support, they would be billing the typical codes. The direct care staff could also get paid the retainer payment simultaneously. They would be billing the codes with certain modifiers. They would be the XU and the CR modifiers so we can track what payments are being made to retain staff, and then what payments we're making outside of that for family members to be providing those supports.

It's kind of an odd balance that we're trying to strike with making sure that the provider or the direct support professional is able to be retained, while also knowing that a number of people on our waiver are still going to have needs that need to be met, so allowing for the family to pick up some of that labor.

Dottie Got it. Kenneth, thank very much for that [overlapping voices].

Kenneth We have a provider-driven webinar about Appendix K tomorrow. We'll talk a little bit more about retainer payments there, as well.

Dottie I really appreciate that because there is a lot of confusion. I'm just the spokesperson for many parents here, so I appreciate that. Because what's happening is many staff are being told to file for unemployment. That just seems in direct contradiction to what a retainer payment is for, right? We want to keep staff.

Okay. I think I'm all set. Thank you.

Moderator Alright, the next question comes from the line of Melissa Zins [ph]. Please go ahead.

Melissa Yes. I have three medically-fragile kids in my home. I have two on separate [indiscernible]. My question is actually about prescription coverage. Because of the extra-high risk in my home, we are really limiting our contact with people and where we go.

It would be tremendously helpful if we could get prescriptions delivered, but we are told this is not something that Medicaid covers. Private insurance pays for that delivery. The pharmacy offers it, but we're not able to take advantage of it because Medicaid's not paying for it. I'm wondering if there are any plans to allow for coverage of delivery of prescriptions, and if so, would that also cover controlled substances?

Deborah I do know that we are looking into covering pharmacy deliveries. I do not know specifically about controlled substances. If you could send that email to our COVID box, we can get that answer for you.

Melissa Okay. I will be happy to do that.

Deborah That is something our medical director is very interested in doing.

Melissa Yes, thank you.

Moderator Okay, one moment please for the next question. That will be from the line of Ren Farmer [ph]. Please go ahead.

Ren Yes, I have a lady, 51-year-old, who is on the waiver living in our home, residential support, and providing an ASL home for her. She does have day support, but of course, can't do the day support due to the COVID. I'm supplying day-in residential support for her.

I notice on the [indiscernible] website that there was an increase in rates due to COVID for residential support of 15%. At this time, the residential provider that I work through is refusing to give that 15% to a Level 3 residential support, is not giving that increase. They're not passing it along.

I think my question is that if they [indiscernible] to see that this 15% is allocated to a residential support, why would a provider not pass that along to the person or the person that's working for them actually getting that support?

Maybe second-fold question would be if I'm getting both day [ph] support and residential support, are there any plans to maybe take the funds that we're giving for day support previously to the people who are actually providing the day support now?

Deborah I can understand your frustration with the situation. I would reach out to the MCO and let them know that the provider is not passing this on because they may have contract provisions as to what they intended the money for. I think that would be the first step

Ren Okay.

Michiele If I may, again, we can—I think Deb, if you Renee, and Victor are okay with it, put this on the agenda or put this in the lineup of questions for the provider call?

Ren I would appreciate that.

Deborah That would be great.

W [Overlapping voices] to say that, but.

Victor Yes, that makes sense.

Ren I was told by the provider that they know other agencies are passing some of this money along, but they are going to hold this money for people directly affected by the COVID, which—but we are directly affected by it. It's a very small amount, just 15%, but it goes a long way when I'm providing 24/7 care for this lady.

Deborah Understood.

Michiele Thank you. It's noted. Next question. Thank you.

Moderator Next question is from the line of Katrina Hayes [ph]. Please go ahead.

Katrina Yes. Thank you for your time. I just wanted to call and mention service stabilities requests. What is that? That's my first question. I have another two parts to that.

Deborah For the sake of time, it's 3:03. If you will go ahead and ask all of your questions so we can possibly get another consumer question in if we have one before we end. If you'll just go ahead and say them, and then we can queue up the next question while we're getting a response to you.

Katrina What is a service stabilities request? How is it obtained, and what do you do if the director of care coordinator unnecessarily delays or says no for a needed service?

W Who is it who's telling you this?

Katrina [Overlapping voices] [Indiscernible] there's a service stability request. My initial question is, what is it? How is obtained?—

W I do not—I'm not familiar with a stability request.

Katrina Interesting. [Overlapping voices].

W One of the other panelists maybe, but—

Victor I'm sorry, I'm unclear. Are you saying you heard that on the call today?

Katrina Yes. A service stability request. I may have gotten in wrong. Is there something in place where you can request that your hours stay the same?

W Possibly so. Are you a provider, ma'am?

Katrina I work for a provider.

W Okay. What we'll do is I don't recall hearing that on the call. We will take note of that, and also see if we can get that answered on the provider call. Thank you. Let's go to the next question, and hope that it's a

consumer or a family member. Then, we will proceed with wrapping up the call.

Moderator Okay. Next is from Ron Lowe [ph]. Please go ahead.

Ron Thank you. This is Ron Lowe, Co-Chairman of [indiscernible]. I'd like to ask you to look in your crystal ball, maybe five, ten years down the road with whatever our new norm is going to be. How do you see telehealth playing in the long run with delivery of services?

Deborah Well, I don't have a crystal ball. I keep dropping in on my foot, so I got rid of it. I think that one thing we'll be able to take away from this crisis, which would be a positive is it's a proving ground for the use of telehealth and the creativity of all of the people involved in the system. I think we will probably maybe not have it to the extent that we have it now, but I do believe that we'll have a good deal more than we were used to having. I think that this will push us forward, especially in our rural areas and with our—go ahead.

Victor Yes. I was going to say I agree. I don't have a crystal ball either, but I did cut my hair this weekend. The—

W Oh.

Victor I do think that one of the things that we are learning in this process is well, first of all, I think it has propelled us into the future in really putting some of the telehealth on the front burner. I think that we've moved forward in a lot of ways, which is a good thing, I think on the other side of this. I think we're also learning as we go which things lend themselves more easily to a telehealth model, which things are better retained for face-to-face, including we do have some things we're doing virtually around some training and things that ideally we'd like to see done face-to-face.

I think we'll do a reassessment at the end of this as we're also assessing as we go. I do think there'll be some things on the other side of this that we will continue to do or at least continue to offer via telehealth and some other things that we probably will end up pulling back and wanting to either study them a little bit more or feel that they are things that are better done face-to-face. I think you'll see a bit of a mixed bag on the other side of this, but I agree. I think some of the things that we're doing will probably remain in the aftermath of COVID-19.

Michiele No. [Overlapping voices] think—yes.

W Go ahead no. I'm looking who was that that also—

Michiele This is Michiele Elliott. I'm not aware of any of our providers holding admissions.

Maria Okay.

Michiele We've asked them to be very cautious about admitting clients and bringing new clients in and being able to isolate them somewhat in the beginning from the other clients living in the facility.

Maria Okay. Alright. Thank you very much.

Moderator Okay. We have a question from the line of Lynn Martin. Please go ahead.

Lynn Hi, Deb. It's Lynn Martin again. The lady that was asking about the stability form, that was the one that I told you that is the only thing that Partners gave me as an EOR. That replaces their old specialized rate form, and that's all it was. There was not a form for hazard pay. That's what I was looking for.

Deborah Okay, so—

Lynn It was me that said that. I just wanted to make sure you knew that was me that said that about the—

Deborah Thank you.

Lynn You're welcome. Secondly, this may not be connected totally with COVID, but because we were in the middle of the fluxes of Medicaid transformation, my son's specialist opted-out of Medicaid. Had been in it for years, and was not refusing to go that route.

Because his neurologist and his cardiologist are not Medicaid doctors anymore, Medicaid will no longer pay our copay for our insurance. We do have private insurance, and then Medicaid was picking up the copay. Is there somewhere I can check into that a little bit more because he gets a lot of medicines per month, and that is really eating into his SSI.

Deborah I understand. Have you looked to see if there's anyone else in your area?

Lynn He has relationships with these doctors that are ten years-plus. I just can't see doing that. That would set him back medically a lot to switch doctors at this point. I didn't know if you if y'all had any ideas of something that can be done differently about that.

Deborah I don't know that there is if the primary is not willing to enroll.

Lynn No, he has a primary doctor that's a Medicaid doctor. These are his specialists, his neurologist, his cardiologist.

Deborah His specialists?

Lynn Yes, ma'am.

Deborah Lynn, send me that question. I'm not sure if there's anything that can be done with that. I'm not aware of it, but I will take it back to the medical policy folks to see if there's something that I don't know about which there's much, much, much I don't know about.

Lynn Okay, thank you so much.

Deborah Let me get a second opinion. No worries.

Lynn I sent you a copy of that form that I filled out, the stability form so you could see it.

Deborah Thank you.

Lynn You're welcome.

Moderator Okay. Now, at this time we have no further questions in queue.

Deborah Thank you, Kevin.

W Thank you. Now, I again just want to thank everyone for joining in the call. We are going to continue to have these updates on a weekly basis every Monday at the same time for as long as we need to, as things are ever-changing and evolving with our response to the COVID-19 pandemic.

Thank you, and I will now toss it back to you, Director Armstrong, if you want to have any closing statements.

Victor

Certainly. Again, I want to thank everyone for tuning into the call. Thank you for your questions. The things that we have offered to take back and take a look at, we'll try to do that, follow up with you on that. If you have additional questions, please send those questions to us.

I do want to reiterate though, that we try to reserve this call for consumers and family members. We do have a separate call for providers. We try to be as accommodating to people as we can on these calls. I will say personally it is extremely important to me that we reserve consumer and family calls for consumer and families so that they have time to ask their questions.

We would ask respectfully for any providers who do tune into these calls, if you have questions, try to save those for the provider calls or reach out to us individually. We do want to reserve this time for consumers and families.

With that, again, thank you all for being a part of our call today. We hope that you will have a safe rest of the day. Thank you.

Moderator

Thank you. Ladies and gentlemen, that does conclude your conference. We do thank you for joining. You may now disconnect. Have a good day.