



## Final Transcript

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

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#### **SPEAKERS**

Dr. Michelle Laws – Director, NC Division of Mental Health  
Renee Rader – Acting Assistant Director, NC Division of Mental Health  
Deborah Goda – Division of Healthcare Benefits, NC Medicaid  
Dr. Carrie Brown – Chief Medical Officer, BHIDD  
Victor Armstrong – Division Director, NC Division of Mental Health

#### **PRESENTATION**

Moderator Ladies and gentlemen, thank you for standing by. Welcome to the BHIDD Consumer call. At this time, all lines are in a listen-only mode. Later, we will be a question and answer session. Instructions will be given to you at that time. [Operator instructions]. As a reminder, today's conference call is being recorded.

I would now like to turn the conference over to Dr. Michelle Laws. Please go ahead.

Dr. Laws Hello and thank you everyone for joining in the call again today. Again, it is our goal to try and keep consumers, family members and community stakeholders as updated as possible and to engage you in a weekly call where we are providing updates regarding the COVID-19 pandemic and actions that we are taking on our end at the Division of Mental Health [indiscernible] and Substance Abuse Services as well as the Division of Health Benefits NC Medicaid.

So first I want to as we are looking over some of the new information that has come online since our last call, I just want to remind you, you should have received an email or some of you may have already received information regarding two really wonderful resources that had been provided to support North Carolinians throughout the COVID-19 crisis.

Thanks to the very hard work of members of our team led by Matt Hart [ph] on our team. The Hope for NC helpline which is 1-855-587-3463. Hope for NC helpline, 1-855-587-3463 is live and it is designed to connect North Carolinians to additional mental health and resilient support that can help you and family members and our consumers to cope and build resilience during this time of crisis. So we hope that if there is a need that you are using this wonderful resource. It is modeled after the hotline that was set up during the recent hurricane recovery efforts and it served over 4,400 people in the most impacted counties in North Carolina.

The other resource that is available is Hope for Healers helpline. That is a new initiative that was done in partnership with North Carolina psychological foundation. It is designed to provide mental health and resilience support for healthcare professionals, emergency medical specialists, first responders and other staff who work in healthcare settings and their families throughout the state who are experiencing stress from being on the front lines. So again, these are two resources that have come online since our last call and we hope that you will use them as necessary.

There have been different executive orders that the governor has issued and I will allow some time or set aside some time for our Division Director, Victor Armstrong, if he is able to join us today to share some of the updates regarding the executive orders. One is an executive order that is designed to strengthen long-term care rules and basically providing additional guidance for lowering the risk in long-term care facilities. So guidance such as cancelling communal activities including group meals, taking temperatures of personnel, essential employees and so forth.

Right now I'm going to toss is to Renee Rader who will give some updates on new policies that have come online or those that we have completed since our last call. Our main focus is to make sure that you have time however to ask questions and to get those questions answered by our panelists.

Our panelists continue to really provide updated information to consumers and families and we're so appreciative of them taking their time every Monday to joining this call. Those panelists are Deb Goda representing NC Medicaid, also [speaker off-mic] representing NC Medicaid, Matt Hart representing the Division of Mental Health Developmental Disabilities and Substance Abuse Services, Dr. Carrie Brown representing both the State operated healthcare facilities as well as the Division of Mental Health Developmental and Substance Abuse Services, and Renee Rader who's doing an amazing job leading our policy teams.

Of course we have Suzanne Thompson [ph] and Ladea [ph] Henderson who none of this would be possible who are making sure that we have all of the technologies in place and the notifications going out and so forth.

So Renee, I'm going to toss it over to you.

Renee

Thanks, Dr. Laws. So I just wanted to mention in addition to the executive order that Dr. Laws talked about earlier, there was also an executive order issued on April 8<sup>th</sup> and that's Executive Order 130. That executive order particularly relaxed certain regulations to remove barriers to telehealth for people who have mental health, substance abuse disorder or intellectual or developmental disabilities.

It gives the department the authority to waive or modify enforcement of some related rules including things like staffing requirements, location of services and that sort of thing. So I would encourage you to check the website for that. Those are some very important rules and kind of the missing piece of the puzzle as we have been looking at these policy flexibilities.

Deb Goda from the Division of Health Benefits will talk about other policy flexibility shortly. I just wanted to say that we have been working hard to get those all finalized. I think we've identified all of the flexibilities now. We're hopeful that we're going to give some guidance out on the remaining policies this week.

I think it's important to note from the state side that the flexibilities that you will see posted on our website, if they refer to Medicaid policies for the most part they're going to also refer for the state-funded services. There will be a couple exceptions to that related to the funding limitations for state-funded services. But for the most part, the flexibilities that are offered for Medicaid services are also offered for state-funded services.

Then finally just as an FYI, we're continuing to process what we call alternative service definitions. So the LME/MCOs [ph] can request to provide services a little bit differently than they are already provided so that they can meet the changing needs of their communities.

We are trying to be as flexible with those as possible and process them as quickly as possible. So hopefully you're seeing those out there as well. I think that's it for my updates.

Dr. Laws

Great. Thank you, Renee. Deb, I'd like to talk to you now to give a Medicaid update.

Deb

That would be great, Dr. L. I appreciate it. I wanted to follow up on some of the points that Renee brought up. We are working on the flexibilities for the other behavioral health services. Right now they're going through a fiscal analysis, so hopefully we will have something this week. But at a high level we are looking at providing services for behavioral health through tele or virtual as much as possible.

We are looking at waiving staff ratios and dedicated team requirements for those team services allowing for other licensed professionals to do supervision when the team lead is sick or unavailable and looking at waiving the staff training for onboarding and for continued stay or annual training to get folks through this time, as well as waiving the concurrent or prior approval on some services.

The Medicaid equivalent of the alternative service definitions for state plans are called in lieu of service definitions. So I would encourage you to check with your LME/MCOs because they have been submitting those and we have been approving them as quickly as we can. So they already have some solutions to the services provided in facilities issue.

I'd also like to note that there's a Medicaid letter that's going to be coming out to beneficiaries. That has information on COVID-19 and the temporary changes to Medicaid. It gives you contact information for the Triage Plus helpline. It lets you know that you can get up to a 90-day supply of most prescriptions. You can also get your prescriptions filled all at the same time to reduce the number of times you have to leave your house. It talks a little bit about telehealth and how you can call your doctor or your service provider for more information.

As far as the helpline, the new helpline is called COVID-19 Triage Plus. The healthcare providers can recommend patients' beneficiaries who need assistance from nurse care managers about necessary healthcare, understanding how to prevent COVID-19, understanding what you should do if you or someone has the symptoms of COVID-19 and that line is open seven days a week from 7:00 a.m. to 11:00 p.m. That number is 1-877-490-6642.

We've posted several special bulletins related to telehealth changes. So special bulletin 36 is on Telehealth Clinical Policy Modifications for Outpatient Specialized Therapies and Dental Services. That includes physical therapy, occupational therapy, speech language pathology and audiology.

Special bulletin 37 has patient information and support line information on the COVID-19 Triage Plus that I just mentioned. Special bulletin 38 has private duty nursing clinical policy modifications. So if someone is not wanting their private duty nursing services at this time, their request for service is going to be put in a pending—their prior approval will be in a pending status so it doesn't have to be initiated again after 30 days is over.

So if you're receiving PDM, I would encourage you to check that out. As far as for your providers, we're doing virtual site visits for new sites and the SBI fingerprinting that normally takes place during provider enrollment is also suspended at this time, so we make sure that we have access to providers and enough providers for beneficiary care.

Special bulletin 40 has to do with a reduction of in-person visits for optical and hearing aid services. Telehealth clinical policy modifications for postpartum care can be found in special bulletin 42 and how that can be done through telehealth as well as blood pressure monitoring. Self-measured blood pressure monitoring with a blood pressure monitoring device is covered in special bulletin 43. So there's a lot of work going on, a lot of good work going on.

We are moving as fast as we can with these flexibilities. I anticipate within the next two days we'll have the appendix K bulletin written up with all of these flexibilities for our four waivers; cap DA, cap C, innovations and TBI. We will be submitting a second appendix K for innovations to add to have relatives, parents, stepparents, adoptive parents provide services to minor children as well as to allow ASL providers to provide day supports at home, but we're not quite there yet, so look for

that announcement after we get this first wave done. We also have a bulletin routing on therapeutic leave and we will be increasing the therapeutic leave days, so that will be posted soon as well.

I will take the ball and throw it over to Suzanne or I'll just keep talking for the next three days and it'll be too late for me.

Dr. Laws

Actually, I think Director Armstrong has joined us and so we're going to sort of break from the agenda that was sent out. After Director Armstrong, we will ask the AT&T operators or tech folk if they will take control and give guidance to our callers about how they can get their questions. But is Director Armstrong on now?

Victor

I am and I do apologize. I was having technical difficulty in trying to get on. That's one of the things that happens when you're going solo and you're sheltering in place and don't have your admin assistant there who gives you technical guidance, so I do apologize.

I don't know if anyone gave these updates. There are a couple of things I'm going to touch on. Please stop me if anyone has already given the updates. I do want to say first of all to everyone on the call, thank you so much for being on the call. We do realize this continues to be a very, very stressful time for all of us.

We appreciate you being on these calls to hear our updates and we hope that you're finding these calls to be helpful. We will continue to try to disseminate information to you and keep you in the loop as much as we possibly can.

One of the things I wanted to talk to you about are two new resources that are live to assist consumers and families and healthcare workers. One is the Hope for NC helpline and that number is 1-855-587-3463. The Hope for NC helpline connects North Carolina residents to additional mental health and resilience support to help them cope and build resilience around this kind of crisis.

As part of the state's recent hurricane recovery efforts, we were able to serve over 4,400 people in the most impacted counties and now it's being made available to everyone in North Carolina in all of our 100 counties during the COVID-19 crisis. This is being done in partnership with all seven of the state's LME/MCOs and real crisis intervention incorporated

in Greenville. The Hope for NC is now available 24 hours per day, seven days a week to speak to a live person.

The second thing that we're standing up is the Hope for Healers helpline which is 919-226-2002 and it's a new initiative in partnership with the North Carolina Psychological Foundation. It provides mental health and resilience support for healthcare professionals, emergency medical specialists, first responders and other folks who work in the healthcare setting and their families throughout the state who are experiencing stress from being on the frontlines to face COVID-19 response.

The Hope for Healers is also available 24 hours a day, 7 days a week for people to reach out to for support and they will quickly be contacted quickly by a licensed mental health professional for follow up.

Then also, I don't know if anyone mentioned the government's executive order. That does include new guidance for long-term care facilities. Lowering the risk and long-term care facilities is what the executive order speaks so.

The order sets public health and state requirements for nursing homes during the public health emergency and the order encourages other long-term care facilities to follow the same guidance. Some of the directives include canceling communal activities including group meals, taking the temperature of employees and essential [ph] personnel when they enter the facility, requiring specific personal protective equipment in the facility and requiring close monitoring of residents for COVID-19 health indicators like body temperature. We're doing these things and the governor has issued this executive order because we want to keep all of our citizens safe and we want to specifically address those folks who are living in those long-term care facilities.

I would also just speak to a couple of things that I know we've been getting a lot of questions about. One is, we've continually had questions about some guidance around caretakers being able to accompany individuals with developmental disabilities in a hospital setting. We do have something drafted. We're kind of word smithing [ph] it right now and hopefully that communication will go out if not today no later than tomorrow.

I do want to couch [ph] it also though by saying that we're going to be very clear in what we think should be happening, but a lot of it is still

going to be at the discretion of the hospital systems and their visitation policies. So I've also had conversation with the North Carolina Healthcare Association which is basically the trade association for hospitals and letting them know that we're putting this guidance out. We've asked hospitals to try as much as possible to be flexible in the visitation policies for individuals who live with developmental disabilities.

Then the final thing I would say is that we are also acutely aware of the information that's been circulating and the things we've seen in the news and in the media about how COVID-19 is disparately impacting African-American communities. This is something that is on our radar. It's something that we are looking at.

I wanted to be clear to everyone that when we say we are all in this together, that means all of us including our historically underserved communities. So we will be taking a closer look at how we can address some of those historical disparities and also how we can mitigate some of those things going forward. So that's some of what's on our radar at DMH and I will now throw it back over to our moderator.

Moderator Thank you. [Operator instructions]. One moment please for the first question. Our first question will come from the line of Ruth Reynolds [ph]. Your line is open.

Ruth Yes. I really appreciate what you're doing and this information that you're sharing, but I have a very quick question in reference to the group home situation. There's a lot of group homes in our area and in North Carolina. I'm wondering what the stance is on the caregivers wearing masks as a mandatory.

Hello?

W I'm sorry. It's the magic mute button. That is a very good question and I do believe that we have a group that is working on guidance to all of the residential providers. Was somebody else adding something?

Dr. Brown Yes, hi. This is Dr. Brown. So public health and the governor have not yet made wearing of masks mandatory in locations other than long-term care facilities at this moment in time. The rationale behind there is that the number of outbreaks that we have in North Carolina, the size of those facilities and the sort of medical fragility of those populations.



I think it makes sense and we also have—everything is happening in the context of we all wish we had much more PPE, right? We wish that the Federal government, that that national stockpile hadn't run out but it did, so we have to be very targeted and go for areas where we can reduce the risk for the most number of people.

That being said, that doesn't mean that at some point in time as everyone's been ramping up production, etc., that that might not become mandatory, but that explains sort of why. Well, it gives at least a little bit of a background in terms of the fact that it's not mandatory for workers in a group home to wear a surgical or procedure mask. Certainly if they are available it would be recommended. Does that answer your question a little bit better?

Ruth

Well, somewhat. I would be concerned that the residents that live in these group homes are not allowed to leave without going into quarantine for 14 days is my understand. So they're stuck there, but the caregivers are coming and going and that's my biggest concern, because they're out in the community.

They may not have it but they may be a carrier and these gals are counting on them to do their best. I made masks for all of the caregivers at our group home, but I think that maybe it's time for the governor to look at this a little closer and see how severe this could be and cut it off at the pass, so to speak.

Dr. Brown

Yes. And you know, you bring up a really excellent point, that's it's really important that all staff are screened for any symptoms of COVID-19 at the time before entering the facility. So all group homes—that guidance was issued a long time ago, so that should be happening.

So everyone when they present to work—because you're right, that's where the virus could be introduced into the group home—should be asked about symptoms and their temperature taken and if they have any symptoms of if they've been exposed they should be self-quarantining and not coming to work.

Certainly the federal government issued the guidance around wearing fabric masks when you're out in the community. That's because remember, the fabric masks don't actually—we don't think that they actually protect you, the person who's wearing them all that much. What they do is they protect other people in case you have the virus but you

haven't really figured it out yet. So I think that's a wonderful contribution that you did in making all of those masks and I think that's another option. That guidance and in terms of how to make your own masks is also in some behavior health and home provider guidance that has already been posted.

Ruth Thank you.

Moderator Next we will go to the line of Maria Shannon [ph]. Your line is open.

Maria Hello. How are you? I have a quick question. I work with the Latino community in Union County and also Mecklenburg County. I was wondering if you have other resources in Spanish like the telehealth training or the COVID updates or the helpline in Spanish for that community?

Renee I do know that the Medicaid beneficiary letter will go out in the primary language of the beneficiary. I can check on the availability of the bulletins in Spanish.

Maria Thank you.

Moderator Thank you. [Operator instructions]. We will go to the line of Bonita Purcell [ph]. Your line is open.

Bonita I just have a comment regarding the issue of staff wearing masks when they are in the facility. I know that's not mandatory, but I do strongly encourage the governor to make that mandatory. Individuals living in residential group homes in some cases are just as fragile if not more than people living on larger congregate long-term care settings.

Speaking from personal experience, my cousin who lives in an ICF group home in Virginia has just been diagnosed with the virus. If staff were wearing those masks when they come in while they're not protecting themselves, they would be offering a little more protection to individuals since symptoms sometimes are not there and they can still spread the disease. So I just wanted to throw that out there. People are medically fragile in residential group homes as well.

Dr. Brown This is Dr. Brown speaking again. Absolutely, you are 100% right. They are medically fragile and certainly we know and particularly in the behavioral health sphere we have individuals that—there's a high

incidence of diabetes and COPD as well as in the IDD population there's other forms of medical fragility. So there's zero disagreement there that absolutely you have potentially a very vulnerable population.

The only saving grace is that the numbers are smaller. So statistically you have a smaller pool. But I think it does bring up a point that it makes a lot of sense for consumers and families to talk to their group homes that's providing care and really sort of insist that staff wear at least cloth masks.

- Moderator Thank you. [Operator instructions]. It looks like we do have someone queuing up. We will go to the line of Robin DeVoe [ph]. Your line is open.
- Robin Hello, Deb, this is Robin. You had mentioned that something was going to come out about the extended days for therapeutic leave. Do you guys know how many days that's going to be extended to from the original 14?
- Deb From the original 60 per year?
- Robin Yes, sorry.
- Deb I believe 90.
- Robin Okay. Thank you.
- Deb You're welcome.
- Moderator Thank you. It will be just a moment. We have another person queuing up. We will go to the line of Pat McGuinness [ph]. Your line is open.
- Pat Hi. Thank you. My question is this. There's a lot of stuff going on particularly in domestic violence and a lot of things rising. What are you all doing to prevent that or to help with that?
- I mean, it's my understanding domestic violence shelters and stuff, they're not taking any new clients. I've heard that one divorce lawyer in this part of the state said that since the lockdown that he had 25% more people contacting him about how to get a divorce. Are you there?
- Dr. Laws We are here. Hi. Thanks for that. So we do know that there are concerns about violence, not only domestic violence cases, child abuse cases and the like. So local municipalities on my radar, the information that's

coming into the community engagement and stakeholder office are indeed keeping an eye out.

I have not had any discussions with our team members about anything that we're doing on our side, but we are aware that is a concern and [indiscernible]. So thanks for bringing that into the discussion because it is something that is on our radar.

But in terms of a strategy or a plan to respond, I'd just let people know that as it relates to behavioral health and IDD consumers at state level that certainly we have our consumer rights and customer service line that's manned by Glenda Stokes [ph] and to please use that as frequently as they need to use it. So in terms of an actual strategy [audio drops].

Victor

I'm sorry. I couldn't get myself off mute, but, Pat, thank you for that question. You're absolutely right. This is a time when there's going to be additional stress, additional anxiousness particularly for folks who were already in domestic violence situations. Now with a lot of the tension around sheltering-in-place, those things can be escalated.

It is not something that we have specifically or my team has specifically addressed because we've quite frankly been wholeheartedly focused on a lot of the behavioral health response and try to get behavioral health resources out to the community. What I do know though is that in our counties even though some of the domestic violence shelters may not be accessible, the hotlines are still available. So there are still hotlines available in the community where people can call on those hotlines and get referred to available resources.

It is something though that I think that we will put on our radar or I know that we will put on our radar, because that's going to impact the mental and emotional health of the people that we serve. So thank you for bringing that up.

Pat

Thank you.

Moderator

Thank you. Next we'll go to the line of Ron Lowe [ph]. Your line is open.

Ron

Okay, thank you. My name is Ron Lowe [indiscernible]. I'd like to go back to the issue of wearing face masks in group homes. I'm retired now but when I was going in and out of group homes [speaker off-mic],

sometimes people will not recognize you from week-to-week. And I'm wondering about if somebody shows up with a face mask on, if that's not going to create a lot of anxiety, fear in the person you're getting ready to see.

Can there be some sort of process to where as an example if I was walking into a situation and maybe I've worked there before and the person knows me without a face mask and all of a sudden I show up with a face mask and they may not recognize me? That can cause I think some adverse reactions. Is there a way to address that situation? Thank you.

Dr. Brown

I guess I'll take that one as well. I think you raise a great point and one of the complexities of responding to this pandemic is it kind of falls under this whole category of social distancing, but I prefer to call it physical distancing, because we're all social beings and really need to maintain our social networks during this time and that includes all relationships, including relationships with caregivers. So you're right.

If all of a sudden your caregiver—you have a relationship with your caregiver and all of a sudden their physical appearance has changed because they're wearing a face mask, that can be overwhelming to many individuals for many different reasons depending on the behavioral health or intellectual and developmental disability condition that they're struggling with.

So I think this is where, again, I mean, this is not a—I wish it were a more magical answer but it's all about proactive communication and just ensuring that there is a lot of communication and a lot of between caregivers and families and caregivers and consumers and with kind of what we're trying to do with some of these calls. Because most of these there's really just not a clear cut answer.

So I think the simplest way to answer your question is that communication, communication and offering reassurance. Because you're right, that could potentially be triggering for certain people for numerous different reasons.

Ron

Thank you.

Moderator

Thank you. Next we'll go to the line of Janet Brady [ph]. Your line is open.

Janet Thank you. Good afternoon. This is Janet Brady and I hear many voices that I know and I just appreciate the opportunity to engage with the department staff and I further appreciate the department staff [indiscernible] in this unprecedented time. So first let me say I apologize if this has been asked and answered. I was a little late clipping [ph] in. But, Carrie, I so appreciated your previous statement about proactive communication, but this is just mainly a follow-up.

I know in previous calls there have been several references to DHSR [ph] and unless I'm wrong I don't believe they're on the call today regarding communication forthcoming. You know, being a family member I can't tell you how important that will be to not only families, the individuals who we're speaking of, and providers regarding rules and potential waivers, etc.

The sooner it is available hopefully the more proactive everyone can be in this situation. Is there any further word on the release of any communication with regard to DHSR?

Dr. Laws So DHSR has been invited. That is my fault that they are not on the call today. I have to get used to adding them in our panelist invitation. But Ladea and Suzanne, please make sure I remember that. They have been invited. They will be on future calls. I do apologize. That's my fault.

Janet No apology needed. I understand you all are dealing with a lot. It is just a key piece of this with rules and potential waivers, particularly in these group living situations, as well as others. The rules speak for what they are. They're black-and-white, and without waivers, we're kind of in a pigeonhole.

Dr. Laws Absolutely.

Dr. Brown Janet, the other thing to think—I don't know how carefully you were able to look at that because it's very detailed, but Executive Order 130, that actually does, where the governor basically gave the secretary authority to waive any rule that needs to be—sorry, I'm getting hammer-texted. This is embarrassing.

Janet That's okay. I bet you are.

Dr. Brown I lost my train of thought—so basically gave the secretary authority to waive any statutes and rules that would interfere with the delivery of

mental health, developmental, and substance abuse services during this time, and that would interfere with the delivery of any of those services via telehealth. Then, there are some specific things listed, including training things, like annual training, like CPR—

- Janet Like CPR, first aid, that kind of thing?
- Dr. Brown Yes.
- Janet Okay.
- Dr. Brown I don't think it's just for CPR. Then, there are other things where it does address some staffing ratios and other licensing-type things. Just double-check that because I don't know which [overlapping voices] things you were looking for that might actually already be in there.
- Janet Okay. Okay. That's fair, Carrie. That's fair. Absolutely, I don't want to make you double-work. I just, I know sometimes there's a disconnect, or has been historically when that occurs. I will certainly look, and my apologies if I've missed.
- Dr. Brown No, no, not at all. I think the other thing is all of the service definitions that need to be updated based on those specific waivers, that is the communication that we anticipate to release jointly with Medicaid any moment, now, so definitely this week. That will probably help further clarify.
- Janet It may be, to your point of something be there—and I will look back because I am trying to read pretty closely—what may be the need is providers to really hone in on that, and if they have an issue, to be sure they're fielding with DHSR so that they can move forward, or feel confident that they're not going to be dinged on the back side. That's good to know. Thank you very much.
- Moderator Thank you. Next, we'll go to the line of Lisa McAllister [ph]. Your line is open.
- Lisa Greetings. Thank you, everyone, for the weekly update calls. I have two housing questions. The first one, are group homes accepting new clients across North Carolina? The second question is, what is the status of TCL, the Transitions to Community Living through Cardinal Innovations?

- Victor I'm sorry; what was the second part of your question?
- Lisa What is the status of TCL? Are they still accepting individuals for transitions to community living as far as housing?
- Victor Anyone want to tackle?
- Deb I'm not—I would defer to—Renee, are you still on the line?
- Renee I'm here. Regarding TCL, I would say reach out to Cardinal to check with the specifics for your area. We are working with our TCL counterparts to make sure that all the flexibilities are in place to make sure that our system is nimble to meet the needs of that population. There's going to be some difference within each of the LME/MCO areas in regards to what they can and can't do at this time. That's just related to geographic location and some other details. I really encourage you to reach out to Cardinal.
- Lisa Okay, thank you. In general, are group homes accepting new clients across North Carolina?
- Deb They absolutely [ph] could be.
- W That, I don't know—they should be. I'm not aware specifically of who is and who isn't.
- Lisa Okay. Thank you for your answer.
- Moderator Thank you. Next, we will go to Mark Philips [ph]. Your line is open.
- Mark Hi. I feel like I ought to—I'm like Janet Breeden [ph]. I hear a lot of voices that I recognize. We operate eight group homes, four of which are ICF-level, which is considered long-term care.
- I certainly feel deeply about the mask issue; however, as the gentleman before said, we have a lot of residents who are, for one reason or another, it would be hard to communicate, particularly with autistic people, but also people who would associate wearing a mask with going to the doctor's office, which may be a cause of agitation. I don't know what the answer is, other than hopefully everyone that I know who is operating group homes does so to the best to their ability.



I think it comes down to a lot of trust, and using good judgment. I know that's hard to put in a rule, but I don't know that there's one answer to that. That's all.

Deb That is a very good point. That is going to, it's going to have to be very specific to each individual and the staff who know them best on how to explain the situation, or how to convey what's going on. That's very good to think about. Thank you.

Moderator We'll go to the line of Carol Ornitz [ph]. Your line is open.

Carol Hello. This is Carol Ornitz. Thank you for this call. In relation to the masks, I just had a thought because I saw something on the news. It may be something not just to do now, but to develop as a habit within a facility, which is to have everybody's photo on their clothing, or uniform, or whatever they're wearing, and at times pointing to that and pointing to their faces—depending on the population they're dealing with—so that that becomes a routine thing. Perhaps that might make it part of a pattern [indiscernible]. It's just a thought of something to try that might be helpful.

Deb That is a great idea, Carol. Thank you.

Moderator Thank you. We'll go to the line of Heidi Yu [ph]. Your line is open.

Heidi Good afternoon, this is Heidi Yu. I had a comment for Ron Lowe. They do make masks that have a clear shield that covers the entire face. That might be more beneficial if you have a situation where facial recognition or the lack thereof would cause some sort of not trauma, but you know what I'm talking about.

My question was more toward Deb Goda. I'm a school nurse. I recently [ph] have some family that are unemployed, no longer have health insurance, and need access not only to mental health but also to their medications. What would be your suggestion, or how do they go about doing that?

Deb I think the first step would be if they are Medicaid—they are not Medicaid-eligible, I assume?

Heidi They had insurance through their previous employer, and since they're unemployed now, they've [audio drops] coverage.

Deb Okay, so as far as therapy, I would defer to Renee. I believe the answer is reaching out to the LME/MCO because there are some state-funded services for individuals who don't qualify for Medicaid available.

Dr. Brown, are you aware of any resources for pharmacy for individuals who don't have Medicaid?

Dr. Brown Yes, that's a great question. I think if you go—the FQHC often have access to medications. That's the federally qualified health centers, which serve individuals who are uninsured, in this case, even if they lose their insurance [ph].

Also, there are specific counties that where the County Public Health Department actually helps assist people to get drug assistance through drug companies. Some simple advice, so if an individual say is on four different medications and they've now lost their insurance would be to work with their pharmacy to identify the different makers for those drugs.

Actually, most drugs have a Patient Assistance Program where they could just fill out paperwork. It's cumbersome in terms of paperwork, but you can get it done. Where you fill out the paperwork and basically say that you've just lost your employment, and then can get meds through the Patient Assistance Program for at least a gap period.

The two things are federally qualified healthcare centers to look at; look at if your County Health Department has offers meds, some generic meds. Then, the third thing would be to go through the pharmaceutical company that makes your particular medicine and get a patient assistance. The other thing is there is always GoodRx, which is a coupon program that you can find online. That can often drop the price if you're paying for meds out of pocket.

Heidi Okay, great. Thank you.

Moderator Thank you. We'll go to the line if Pat McGuinness. Your line is open.

Pat Yes. I want to talk about aging, and stigma, and the mental health substance abuse, IBDD, and all these things. If this has brought out anything, if you watched any of the news programs, especially the national news, there is so much stigma.

Our aging population is passing away in record numbers, and from what I understand, the federal government's not even bothering to track it. They're not even being transported to hospitals in many situations when they're in a congregate living situation. I'd like to see moving forward everybody with disabilities lives be equally valued, and not considered disposable due to age, disability, or economic status. I'd like to see the PPLI [ph] program and some other programs expanded to where the aging population can age in their home with a little bit of help if they need it. I believe there's a good many that could manage to stay in their home.

One thing I've been doing is reaching out to some of my older friends that I haven't seen in a good number of years. One of the things I'm finding, they're not tech-savvy. They don't have computers; they don't have the money for them. They don't know how to use them anyway.

We even had one person, we had a CPAC meeting earlier, a steering committee meeting for our area earlier today. We even had one member that could not call in because he doesn't have enough phone minutes to make that call. These are the people we need participating, but we've decided that we don't want average and ordinary folks participating because they don't have the tech skills that everybody has.

I reached out to one friend a few weeks ago. About ten years ago, she had a stroke, and I got her on Meals on Wheels. Every time I've talked to her in the last ten years—which I'm sorry to say hasn't been a lot—she thanks me for that program. She let me know a couple of weeks ago, sometimes that's the only meal she has all day, and that she's saving part of her lunch for supper.

I've been trying to get her to apply for some other programs. A lot of the older population is even too proud to apply for SNAP when they qualify. These are people, I don't know how we're going to reach them, but they deserve to have benefits. [Overlapping voices].

Deb

You know, Pat—oh, I'm sorry. I didn't want to interrupt, but that's a really good point. I think it's a good time for all of us to think about the people that we know—or their parents—that might be in this situation, and make those phone calls, and do those check-ins to see if we can get people hooked up with resources. Thank you. That's really something to think on.

Victor

It is. The other thing that I would add to it, and I think this—and thank you for bringing that up because I do think it resonates with a lot of us. I have a father; my father lives in Eastern North Carolina. He's 80 years old, and I have family members, aunts and uncles, and cousins, and friends who also fall into that category. That's one of the things that does keep me up at night, is thinking about them, and hoping they're getting access to the resources that they need.

What I would ask, though, is I think that we're really in an unprecedented time. I think that a lot of what we're seeing is not the result of valuing or devaluing one group or the other. Some of it, just I think some of the systemic issues that we've had are being highlighted because we have been struck with something that we did not anticipate coming and were not able to prepare for, and quite frankly, don't have the resources to address it properly.

A lot of what we're doing now is responding and reacting and trying to piecemeal resources together and make sure that we're able to serve people. I think that one of the lessons learned going forward is that we do need to have better resources available to assist our elderly populations when we have any kind of crisis take place.

I think that's one of the lessons that we'll learn from this. I do not want anyone to feel that the state, or DHHS, or any of the entities involved are devaluing the lives of our older citizens. It's really more of us trying to respond and react with the resources that we have.

Deb

Victor, if I could just tag on, just to go back a question or two; Nancy Hucks [ph], from Cardinal Innovations sent me an email and suggested NC MedAssist for the folks who are unemployed who need medication. If you Google NC MedAssist, they could possibly provide some help with prescription Medicaid for folks who no longer have insurance because of COVID.

Thanks Nancy, and thank you, Victor.

Moderator

Thank you. With that, I'd like to turn it back over to Dr. Laws for any closing comments.

Dr. Laws

I just want to thank everyone for joining the call. Please put the call on your calendars. As much as we are able to do so, we're planning to continue the calls on a weekly basis every Monday. Please feel free to

send any emails related to COVID to our BHIDD.COVID.US email address, and also to the Medicaid.COVID-19@dhhs.nc.gov—I'm stumbling through that—to those emails if you have additional questions.

If not, we will conclude the call. Thank you so much. Please stay healthy and well.

Moderator

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