

**I/DD STAKEHOLDER
MEETING MINUTES**

Date November 18, 2021 **Time:** 3:00 pm – 5:00 pm **Location:** Web-Conference

MEETING CALLED BY			Kenneth Bausell, Chair and LaToya Chancey, Co-Chair		
TYPE OF MEETING			DHHS I/DD Stakeholder Workgroup Meeting		
ATTENDEES					
COMMITTEE MEMBERS			STATE STAFF ATTENDEES		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Alisha Tatum	Lifespan	<input checked="" type="checkbox"/>	Alice Farrar	DVRS	<input checked="" type="checkbox"/>
Ashley Young	Stakeholder	<input type="checkbox"/>	Deb Goda	NC Medicaid	<input type="checkbox"/>
Ayelet Heckathorn	Charles Lea Center	<input checked="" type="checkbox"/>	Katie Visconti OR Monica Harrelson	DSOHF	<input checked="" type="checkbox"/>
Byron Hall	Stakeholder	<input checked="" type="checkbox"/>	Kenneth Bausell	NC Medicaid	<input checked="" type="checkbox"/>
Carol Conway	Stakeholder	<input checked="" type="checkbox"/>	Lauren Howard	DPH	<input checked="" type="checkbox"/>
Cindy Ehlers	Trillium	<input checked="" type="checkbox"/>	LaToya Chancey	DMH/DD/SAS	<input checked="" type="checkbox"/>
Danyale Sturdivant	Stakeholder	<input type="checkbox"/>	Mya Lewis	DMH/DD/SAS	<input checked="" type="checkbox"/>
Dakota Lanay Wilson	Stakeholder	<input type="checkbox"/>	Niki Ashmont	DSOHF	<input checked="" type="checkbox"/>
Despina Karras	Stakeholder	<input checked="" type="checkbox"/>	Pam Scott	DHHS	<input checked="" type="checkbox"/>
Dotty Foley	Stakeholder	<input checked="" type="checkbox"/>	Patricia Hill (Dana Holland)	CAP-DA	<input type="checkbox"/>
Erin Nantz	Cardinal	<input type="checkbox"/>	Sherry Thomas	DPI	<input type="checkbox"/>
Holly Watt	Provider Agency	<input type="checkbox"/>	Talley Wells	NCCDD	<input type="checkbox"/>
Janet Price-Ferrell	FIRST	<input checked="" type="checkbox"/>	Wrenia Bratts-Brown	NC Medicaid	<input type="checkbox"/>
Jenny Gadd	Alberta Professional Services	<input checked="" type="checkbox"/>			
Jessica Aguilar	Stakeholder	<input checked="" type="checkbox"/>	GUESTS		
Joan Fischer	Stakeholder	<input checked="" type="checkbox"/>	Alisha Caldwell	Rachel Noel	
Jody Miller	Partnership for Children/Family Support Network	<input checked="" type="checkbox"/>	Ashley Donaldson	Stephanie Jones	
Kerri Erb	Autism Society of NC	<input checked="" type="checkbox"/>	Carla Huff	Additional stakeholders called in via phone, which resulted in being unable to capture their name from the roster.	
Lisa Nesbitt	DRNC	<input checked="" type="checkbox"/>	Dana H		
			Danielle Leon		
Mark David Patrick	Provider Agency	<input type="checkbox"/>	Donna Roberts		
Melvin Anthony Neal	DECI	<input type="checkbox"/>	Elizabeth Fields		
Richard Edwards	Community Based Care	<input checked="" type="checkbox"/>	Greta Byrd		
Rita H. Oglesbee	T.L.C. Home, Inc	<input checked="" type="checkbox"/>	Kathy Reiter		
Robin Marx	Stakeholder	<input type="checkbox"/>	Kimberly Greer		
S. Michael Chapman	UNC TEACCH Autism Program	<input checked="" type="checkbox"/>	Kristy Myers		
Saskia Barnard (phone)	Corporation of Guardianship	<input type="checkbox"/>	Laura Radulescu		
Shirley Moore	Partners	<input checked="" type="checkbox"/>	Lisa Gessler		
Tara Fields	Benchmarks	<input checked="" type="checkbox"/>	Logan Martin		

1. Agenda topic: Welcome

Presenters: Kenneth Bausell, I/DD Manager, NC Medicaid and LaToya Chancey, I/DD Team Lead, DMH/DD/SAS

Discussion	<ul style="list-style-type: none"> • Kenneth Bausell called the meeting to order at 3:00 p.m. and welcomed the members to the DHHS I/DD Stakeholder Meeting. • LaToya Chancey assumed a motion to approve July's Minutes with an unanimous consent of approval from the stakeholder group. • Information from today's meeting will be made available at the following site: https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/councils-and-commissions . 		
Conclusions			
Action Items	Person(s) Responsible	Deadline	

2. Agenda topic: Public Feedback Received Outside of Meeting

Presenter: LaToya Chancey

Discussion	There was no public feedback received outside of the meeting.		
Conclusions			
Action Items	Person(s) Responsible	Deadline	
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3. Agenda topic: Medicaid Transformation Corner-1915i

Presenter: Kenneth Bausell

Discussion	<p>The following feedback was provided re: Medicaid Transformation</p> <ul style="list-style-type: none"> • The 1915i Waiver will start with the Tailored Plan. • The Innovations Waiver and 1915i Waiver offer different options. • Discussion on b(3) service transitions and consideration of additional/new services 		
Conclusions	<ul style="list-style-type: none"> • More information will be forthcoming regarding the funding structure for the 1915i Waiver. 		
Action Items	Person(s) Responsible	Deadline	
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4. Agenda topic: State Budget

Presenter: Kenneth Bausell and LaToya Chancey

Discussion	<p>The following information was discussed re State Budget via workgroup members:</p> <ul style="list-style-type: none"> • Most who have moved to self-directed have given up on staffing agencies (no shows, understaffed, unqualified caregivers, theft, abuse, and more). It is challenging enough now for families and adults utilizing self-directed services to find (and keep) qualified caregivers who are often offered better pay as well as 401K and healthcare benefits from other employers. The fact that the state offers no benefits compounds this. There are discussions of increasing minimum wage to \$15 / hour. What are DHHS plans to adjust caregiver salaries if minimum wage is increased? Deeply disappointing that a person with I/DD's zip code determines their services in North Carolina. • When will stakeholders know the raise for Direct Support Professionals (DSP)? Providers and DSPs are waiting and losing staff. Additional guidance is forthcoming • The rate for ICFs have increased so the cap in the Innovation Waiver should go up. They were tied together. • Staff migrate to the higher paid rates. For example, the rates of Respite can't compete with other services. Rates need to be equalized across all services. • The State should provide guidance to LMEs that members may need to individualize rates to stay competitive. They have the flexibility to set rates. • Such a funding scheme (ICFs) undercuts the State's commitment to Olmstead. There is a need to prioritize HCBS funding. 		
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	<ul style="list-style-type: none"> • The General Assembly and lobbyist make decisions that support institutional bias due to lack of understanding. • Hopefully the HCBS/IW can get through OBSM and MCOs by late Jan? Full budget bill is here also for those who want to delve into the 628 pages (https://www.ncleg.gov/) • Several support staff leave to go to state facilities to receive higher rates • Community Based services are more expensive in rural areas due to increase mileage and caseload differences. Hopefully LME will start incentivizing rates for those providing community based services in rural areas. • The community staff often have time between clients and travel that is never recouped in any billing system. • Housing used to be the issue for our agency not to take a new person but now it's lack of staff. • The General Assembly needs a much deeper understanding of what community living means. • Providing services on rates that have not changed in 20 years is NOT sustainable. I would like to see an actual cost of delivering services assessment done to get the true cost of doing business. • Having General Assembly on calls like this could help generate understanding. • Agree that all wages must go up, but not by "bigger thy neighbor" in taking funding away from ICF-IDD homes. 				
Conclusions					
Action Items	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline		
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5. Agenda topic: DPI Presentation Response

Presenter: LaToya Chancey

Discussion	<p>The following information was provided re DPI presentation:</p> <ul style="list-style-type: none"> • A DPI collaboration would help so much with demystifying DHHS services for those students in need of supports. • Families need someone that can properly translate questions and explanation of services to them. • LME/MCOs have worked hard to translate and interpret information regarding services because sometimes words are culturally unfamiliar. • Would it be possible to work with DPI to tie a resource like this to the IEP handbook that parents sign that they received the handbook? That way we know that parents were given this resource. • Translation and interpretation that is culturally competent is needed for English speaking families. • Information papers in the community or organizations is needed for outreach. • Do families with green cards qualify for services? • A lot of families don't have any services or help when their kids go out the school. • Would 1915i Supported Employment services be accessible to students under the age of 18? Available at age 16 				
Conclusions					
Action Items	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline		
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6. Agenda topic: Proposed DD Eligibility Criteria Language

Presenter: LaToya Chancey

Discussion	<p>Workgroup Member Discussion Points:</p> <ul style="list-style-type: none"> • Can qualified professional be changed to qualified clinician in the proposed language? <ul style="list-style-type: none"> ○ A clinician can't make diagnoses and would need a physician. ○ A psychologist or a social worker can't diagnose a DD. They can access adaptive functioning. ○ A physician wouldn't be able to catch an individual with Autism Spectrum Disorder with functional limitations. Ex. Knowing the difference in coins doesn't mean an individual has economic self-sufficiency.
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	<ul style="list-style-type: none"> • https://www.ncleg.gov/Sessions/2015/Bills/Senate/PDF/S676v4.pdf This language limits in the Autism treatment bill also. Scope issue. This will be taken back to contacts at Duke/UNC as well to ensure we are all the same page. • Why was the language added that the physician operating within their scope of practice? That seems unnecessary. • This is the language referenced earlier: It's about ordering treatment vs. diagnosing. The treatment must be ordered by a licensed physician or licensed psychologist and the treatment must be provided or supervised by one of the following licensed professionals, so long as the services or supervision provided is commensurate with the licensed professional's training, experience, and scope of practice: <ul style="list-style-type: none"> ○ 1. A licensed psychologist or psychological associate. ○ 2. A licensed psychiatrist or developmental pediatrician. ○ 3. A licensed speech and language pathologist. ○ 4. A licensed occupational therapist. ○ 5. A licensed clinical social worker. ○ 6. A licensed professional counselor. ○ 7. A licensed marriage and family therapist.
Conclusions	
Action Items	Person(s) Responsible Deadline
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7. Agenda topic: Status of Proposed Policy Changes

Presenter: Kenneth Bausell

Discussion	The following information was provided re status of proposed policy changes: <ul style="list-style-type: none"> • Care coordinator information need to be in Spanish for self-advocates. Families often sign paperwork without knowing their rights or expectations. 	
Conclusions	•	
Action Items	Person(s) Responsible	Deadline

8. Agenda topic: Competitive Integrated Employment (CIE)

Presenter: LaToya Chancey

Discussion	The following information was provided re CIE: <ul style="list-style-type: none"> • There's a lot of employment programs for individuals with IDD that create quality of life and provide jobs, however if you choose to work in those sites, you will no longer meet HCBS requirements. • Extraordinary Ventures should be supported. • What supports are available for employers like Downs for Doughnuts who want to qualify as a competitive employment site? • What resources can an employer latch on to regarding becoming CIE site? 	
Conclusions	Employers interested in becoming a Competitive Integrated Employment site may submit inquiries to DMHIDDContact@dhhs.nc.gov .	
Action Items	Person(s) Responsible	Deadline

9. Agenda topic: Public Feedback

Presenter: Stakeholder

Discussion		
Conclusions	The following information was provided re public comment: <ul style="list-style-type: none"> • My experience is that B3 Services keep getting cut. I find it very difficult to get any services, while my son is on the waiting list for Innovations for 11+ years. He is 36 years old and wants to live in his own home with supports. What changes are being implemented to help individuals with IDD get services while they wait for the Innovations Waiver? Response provided regarding services available currently and slated for Medicaid Transformation 	
Action Items	Person(s) Responsible	Deadline

Meeting Adjourned 5:05 p.m.

Next Meeting: The next meeting is scheduled for Thursday, January 27, 2022 from 3:00 p.m. – 5:00 p.m. via WebEx.

DRAFT