

Henderson County Department of Social Services



Henderson County Board of Social Services
1200 Spartanburg Highway Hendersonville, NC 28792
January 19th, 2021 @ 12:00 PM

Agenda

Call to Order.....Dr. Jennifer Hensley, Board Chair

Public Input.....Dr. Jennifer Hensley, Board Chair

Adjustments to the Agenda.....Dr. Jennifer Hensley, Board Chair

Approval of the December 15th, 2020 Open Session Minutes*.....Dr. Jennifer Hensley, Board Chair

Approval of the December 15th, 2020 Closed Session Minutes*....Dr. Jennifer Hensley, Board Chair

Board Education – Foster Care Numbers.....Lorie Horne, SW Program Administrator

Reports (Questions Only)

Director’s Rpt./Statistical Rpt./EOM/3rd Qtr. Personnel Rpt.....Jerrie McFalls, Director

Program Administrators Report..... Jillian Humphries, Joe Maxey, Lorie Horne

Old Business

COVID-19 Agency Impact Update.....Jerrie McFalls, Director

New Business

Adjournment (Next meeting: February 16th, 2021 at 12:00 PM) ...Dr. Jennifer Hensley, Board Chair

* Designates Board Action Necessary

Henderson County Board of Social Services Mission Statement

To provide services that will improve the safety, health, well-being, independence and quality of life for the residents of Henderson County.

Henderson County Board of Social Services

January 19th, 2021 Regular Meeting Minutes

A. Call to Order

The Henderson County Board of Social Services meeting was called to order by Board Chair Dr. Jennifer Hensley at 12:00 pm.

Board Members Present	Dr. Jennifer Hensley, Chair Melinda Lowrance, Vice-Chair Judy Smith, Member Margaret Stone, Member Josh Simpson, Member
Staff Leadership Present	Jerrie McFalls, Secretary to the Board/Director Lorie Horne, Social Work Program Administrator Joseph Maxey Jr., Administrative Officer Jillian Humphries, Economic Services Program Administrator Melissa Novack, filling in for Clerk to the Board Karen Vale
Guest	None

B. Public Input

None

C. Adjustments to the Agenda

Chair Hensley requested to add under "New Business" an item about changing the date for the February meeting currently scheduled for February 16th, 2021.

D. Approval of Minutes

Dr. Hensley asked if there were any changes to the open session minutes from the December 15th, 2020 meeting, Mrs. Smith suggested several grammatical changes. Mrs. Smith made a motion to approve the minutes as corrected, Mrs. Stone seconded the motion. All Board members agreed, and the motion passed.

Mrs. Novack distributed copies of the closed session minutes to the Board members for their review. Dr. Hensley asked if there were any changes to the closed session minutes, none were suggested. Mrs. Stone made a motion to approve the minutes as presented. All Board members agreed, and the motion passed. Mrs. Novack collected the copies of the closed session minutes from the members.

E. Board Education

Overview of Permanency Planning

Social Work Program Administrator Lorie Horne presented information regarding the Permanency Planning process at Henderson County DSS. Included was an overview of the requirements to bring a child into custody and the services provided to the child and family (**Attachments I & III**). SWPA Horne also shared statistical information comparing, on a month by month basis, the number of children in custody for 2019 and 2020 (**Attachment II**). Finally, Mrs. Horne reviewed the chart "Permanency Planning – Timeframes in Year 1". It explains the detailed work the Child Welfare staff must complete as well as the concurrent timeline in the court system. Mrs. Smith asked if HC DSS works with the Guardian Ad Litem's (GAL) office. Mrs. Horne responded that if the custody petition alleges something other than dependency, a guardian ad litem will automatically be assigned to the case. DSS will ask that a guardian ad litem be assigned in a dependency case if it is in the best interest of the child(ren). For example, if a

child is suddenly separated from their parents due to a car accident and both parents are killed, DSS may take temporary custody of the child. DSS could ask for a GAL to be appointed to the case to maintain the best interests of the child.

Reunification is always the primary goal of a foster care case with a 12-month timeline. Delays can happen and the timeline may be extended by several months. There is always a concurrent plan, whether that's guardianship, custody with another person, adoption, etc. Chair Hensley asked for the percentage of children in foster care that are currently moving towards adoption. Mrs. Horne stated that between 30-35 children are in the adoption track. The number changes month to month.

Director McFalls shared that in planning for the FY 21-22 budget, HC DSS anticipates the need for two additional positions in Foster Care (one front line worker and one supervisor) to support the increase in the number of children in custody. Mrs. Stone asked if the number in custody is impacted by the inability to hold court on a regular basis. Mrs. Horne responded that the number is impacted, especially those children in the final stage of their permanency plan. If all parties involved consented to the plan, those hearings were conducted. Cases where all parties did not consent, i.e. the permanency plan was being changed or a Termination of Parental Rights (TPR) motion was filed, were delayed thus extending the time in custody for children. Vice-Chair Lowrance asked about what has led to the increase of children in foster care. Mrs. Horne responded that HC DSS continues to receive intake reports involving incidents of domestic abuse, substance abuse, and severe mental illness. This leads to more parents in need of services to address these situations. COVID has impacted the delivery of services to the parents on our caseload, which has also delayed permanency plans. Vice-Chair Lowrance asked about placement in a foster care group home when a single-family home is not available. Director McFalls stated that we try to avoid group homes unless it is in the best interest of the child or we have a large sibling group that needs to be placed together. By 2022 group placements will be reduced due to Federal legislation.

HC DSS is always looking for people willing to become foster parents. We have continued to hold the foster parent training classes on a virtual basis and are able to license 6-8 families at the end of each session. People are also needed to provide respite care if becoming a foster parent is not their goal. Additional support opportunities are also available. Mrs. Stone asked about the number of children in foster care that are ready for adoption but waiting for a match. Mrs. Horne shared that we do have a few, but it is not a large number. Mrs. Stone asked if there is a video presentation that could be sent out to the area churches to recruit people interested in the foster parent process. Mrs. Horne responded that she, along with Director McFalls, have recently met with Alex Williams from the non-profit Fostering Hopes program. Mr. Williams has already created a video regarding the foster parent process. Director McFalls and Mrs. Horne are exploring how he can work with HC DSS to promote foster parenting in Henderson County.

Chair Hensley asked about the expansion of the Family Centered Treatment (FCT) program currently funded by the Duke Endowment. HC DSS is currently in the third year of a three-year grant award from the foundation. We have been invited to apply for an additional year to continue this program. Mrs. Horne is currently working on the grant application with staff from SPARC. Director McFalls believes that the program has been successful.

F. Reports

Director's Monthly Report (Attachment IV)

None

January Employees of the Month (Attachment VII)

No Discussion

December 2019-December 2020 Statistical Report (Attachment VIII)

No Discussion

2nd Quarter Personnel Report (Attachment IX)

No Discussion

January Program Administrator's Report (Attachment X)

Chair Hensley asked if the agency was out of funds for the Low-Income Energy Assistance Program (LIEAP). Economic Benefits Program Administrator Humphries stated that there was additional funding for the Pandemic LIEAP that covered all of the people who automatically qualified for a LIEAP check this year so that left our regular pot of money for everyone else that came in to apply. We do still have funds available.

Director McFalls stated that we are disappointed that Buncombe County and other large counties have received \$900,000 more than once for rental assistance. The last pot of money was in the last stimulus package that only went to large counties. We're a mid-size county but the residents of our county have more limited places to look for employment if they get laid off. Chair Hensley asked Director McFalls to reach out to Bill Moss and Chuck Edwards about this.

G. Old Business

COVID-19 Agency Impact

Director McFalls shared that many staff members who wanted the vaccine got it at the Health Department because they are essential workers. 30-35 staff members that expressed a desire to receive the vaccine are still on the waiting list. The Health Department will notify us as more vaccines become available. Director McFalls stated we have gone back to an A/B schedule to reduce the number of people in the building at one time to reduce the spread of COVID. In December we had 64 incidents of employees who were positive, symptomatic and/or in quarantine. Now that the Federal leave programs ended on December 31st, anyone who is out must use their vacation and/or sick time.

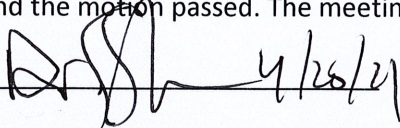
H. New Business

February Meeting Date Change

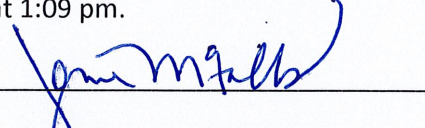
Chair Hensley requested a change to the date of the February meeting, from the 16th to the 23rd. All Board members present agreed. Proper notifications will be sent out to ensure the community is notified of the change.

I. Adjournment

Mrs. Smith made a motion to adjourn the meeting, Vice-Chair Lowrance seconded the motion. All were in favor and the motion passed. The meeting was adjourned at 1:09 pm.



Dr. Jennifer Hensley, Chair Date



Jerrie McFalls, Secretary to the Board Date

Attachments:

- I. Overview of Permanency Planning (Foster Care)
- II. Total Number of Children in Foster Care (2019 & 2020)
- III. Permanency Planning – Timeframes in Year 1
- IV. Director’s Report – January 2021
- V. Introduction to Medicaid Transformation: Part 1 - Overview
- VI. Introduction to Medicaid Transformation: Part 2 – Enrollment & Timelines
- VII. Employees of the Month – January 2021
- VIII. Statistical Report – December 2019 – December 2020
- IX. 2nd Quarter Personnel Report – October – December 2020
- X. Program Administrator’s Report – January 2021
- XI. Financial Report – 6-Month YTD

OVERVIEW OF PERMANENCY PLANNING (Foster Care)

Permanency Planning Services (Foster Care) are provided to children who must be separated from their own parents or caretakers when they are unable or unwilling to provide adequate protection and care. As a result, the child enters the custody of Henderson County Department of Social Services (HCDSS). When this happens, HCDSS has legal custody and/or placement responsibility, whether the child has been removed from their home, and regardless of the type of placement.

HCDSS custody must not be considered until reasonable efforts have been made to preserve a child's safety, health, and well-being in their own home. However, there are situations that are serious enough that reasonable efforts to prevent the child from coming into custody are precluded by an immediate threat of harm to the child/ren. HCDSS is required to provide services to preserve or reunify families until parental rights have been terminated by the juvenile court.

When county child welfare custody is necessary, it is the responsibility of the county child welfare services agency to ensure the child/ren remains in its custody for the shortest time possible. Permanency Planning Services require a thorough assessment of the child/ren and family's needs and careful planning prior to and throughout a child's experience in county child welfare custody.

Permanency Planning Services must be provided to any child in the custody or placement responsibility of a county child welfare services agency. Permanency Planning Services include but are not limited to:

- Careful planning and decision making with the family about placement, preparing the child, the child's family and the foster family for separation and placement, including developing a family time and contact agreement (visitation)
- Assessing children's needs to ensure appropriate placement services including all well-being needs (medical, dental, mental health, remedial and educational)
- Arranging and monitoring a placement appropriate to the child's needs
- Involving the kinship network to provide planning, placement and other support for the child and family
- Assessing family strengths and needs to determine the appropriate plan for service
- Developing and arranging community-based services to support the child and family
- Collaborating with other community service providers working with the family to ensure continuity of services and to prevent duplication of services
- Referring the child and family to needed services, including clinical treatment
- Collaborating with educational agencies to ensure school stability for the child and that all factors relating to the child's best interest are considered in determining the child's educational setting; all appropriate educational services are provided to the child; and documentation of educational planning is in the case file
- Providing ongoing assessment to determine risk to the child and to guide the case planning process

- Working with the family to develop and implement the Out-of -Home Family Services Agreement
- Helping the family meet the services agreement objectives by providing information, instruction, guidance, and mentoring related to parenting skills, and by monitoring and updating the agreement with the family
- Providing case planning and management
- Concurrent permanency planning with the family to develop alternative options to provide a permanent home for a child should reunification fail
- Supervising the placement to ensure the child receives proper care during placement
- Preparing for and participating in court proceeding
- Preparing for and coordinating and participating in Child and Family Team/ Permanency Planning Review meetings
- Providing transportation for children in custody when needed and not otherwise available, including visits with parents, siblings, and relatives
- Providing LINKS services to assist older youth in learning skills necessary to make a successful transition from foster care to living on their own
- Ensuring placements across state line comply with the Interstate Compact on the Placement of Children
- Recruiting and assessing relatives and other kin as potential caregivers
- Involving foster parents in planning and decision making for children in custody
- Preparing children for adoptive placements and maintaining life books
- Maintaining the permanency planning case record and thorough documentation of case activities.

Total number of children in foster care at the end of each month:

January 2019 – 128

January 2020 – 146

February 2019 – 133

February 2020 – 156

March 2019 – 140

March 2020 – 157

April 2019 – 137

April 2020 – 163

May 2019 – 143

May 2020 – 162

June 2019 – 140

June 2021 – 168

July 2019 – 138

July 2020 – 177

August 2019 – 136

August 2020 – 171

September 2019 – 136

September 2020 – 167

October 2019 – 141

October 2020 – 170

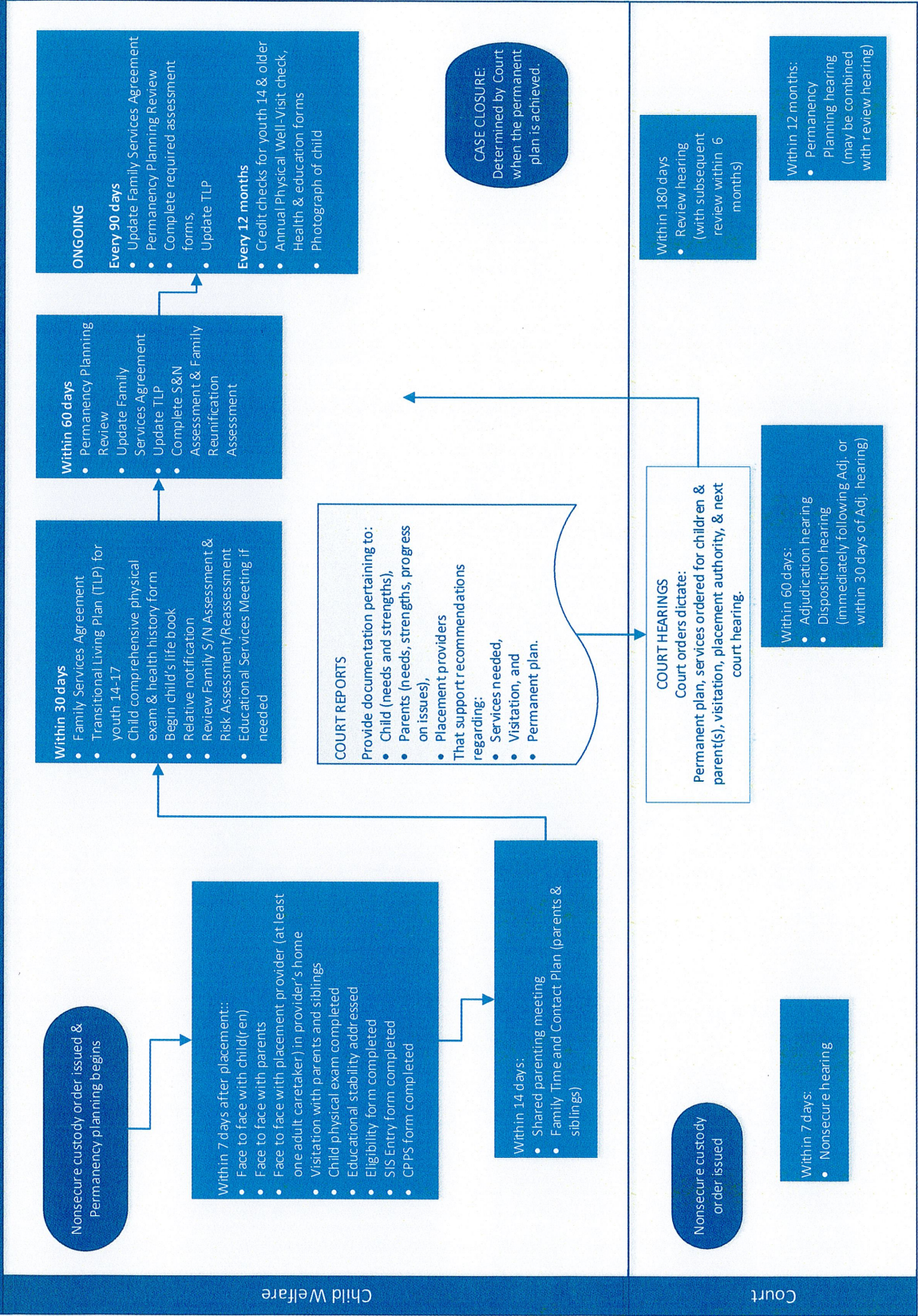
November 2019 – 136

November 2020 – 172

December 2019 – 136

December 2020 – 173

Permanency Planning – Timeframes in Year 1



Child Welfare

Court

Monthly Director's Report to Board of Social Services



January 2021

Submitted by:
Jerrie McFalls, Director

~ The NC Legislature convened at noon on January 13, 2021. NCACDSS (North Carolina Association of County Directors of Social Services) is continuing to work on establishing legislative priorities that are appropriate for advocacy with Legislators, County Commissioners and NC DHHS. Priorities under consideration include:

- a. Funding for adult protective services and guardianship, ensuring greater protection by evaluating state laws while improving behavioral health for this population.
- b. Amend applicable state laws regarding Medicaid eligibility and establish a cap for claims against county DSS. Ensure an appeal process prior to an assessment for reimbursement.
- c. Preserve federal and state block grants for county administered programs, oppose unfunded mandates and prevent unnecessary workload increases to counties.
- d. Ensure greater protection and services for foster children and vulnerable adults with high level behavioral health needs as NC moves into Medicaid Transformation.

I will provide the priority list once it is completed.

~ Medicaid Transformation: Work has resumed on the transition of Medicaid from a fee for service model to managed care. Most beneficiaries will transition on July 1, 2021. Open enrollment will begin on March 15, 2021 and end on May 14, 2021. The details are found in Fact Sheets 1 and 2 which are attached.

~ Food and Nutrition Services: From January 2021 through June 2021 all beneficiaries will receive 115% of the maximum benefit for their family size. Before January, families received 100% of the maximum benefit but approval was done on a month to month basis. This change will support food security for families for six months.

~ COVID-19: Now that the federal act (FFCRA) that provided paid sick leave and paid family medical leave to employees has ended, staff will be required to use their sick leave or vacation leave should they be unable to work due to a COVID-19 related event. We have temporarily returned to an A/B schedule to reduce the number of staff in the building at any given time. We will have more flexibility in scheduling once the 50 laptops that have been received are distributed.

Employees of the Month: The January Employees of the Month list is attached.

Fact Sheet

NC Medicaid

Introduction to Medicaid Transformation: Part 1 – Overview

County Playbook: NC Medicaid Managed Care

What is Medicaid Transformation?

Medicaid Transformation is changing the way most people receive Medicaid services. In 2015, the NC General Assembly enacted Session Law 2015-245, which directed the Department of Health and Human Services (DHHS) to transition Medicaid and NC Health Choice from fee-for-service to Managed Care.

Under the fee-for-service model, DHHS reimbursed physicians and health care providers based on the number of services provided or the number of procedures ordered. This model will now be known as **NC Medicaid Direct**. Only a small percentage of people will stay in NC Medicaid Direct.

Under Managed Care, the State is contracting with insurance companies, called Prepaid Health Plans or PHPs. These insurance companies will be paid a capitated rate, which is a pre-determined set rate per person to provide health care services. This model is known as **NC Medicaid Managed Care**. Approximately 1.6 million of the current 2.3 million Medicaid beneficiaries will transition to NC Medicaid Managed Care.

In addition, DHHS is contracting with the Cherokee Indian Hospital Authority (CIHA) to support the Eastern Band of Cherokee Indians (EBCI) in addressing the health needs of American Indian/Alaskan Native Medicaid beneficiaries. This new delivery system, the **EBCI Tribal Option**, will manage the health care for North Carolina's approximate 4,000 Tribal Medicaid beneficiaries primarily in Cherokee, Graham, Haywood, Jackson, and Swain counties.

CHANGES FOR MEDICAID BENEFICIARIES

NC Medicaid Managed Care will bring changes for most Medicaid beneficiaries.

- Medicaid services will be administered and reimbursed by health plans.
- Beneficiaries will be able to choose a health plan and primary care provider (PCP). A new support system will be available to help beneficiaries make a choice.

- Medicaid services will not change, but health plans (including the EBCI Tribal Option) may offer enhanced services to plan members.
- Medicaid eligibility rules and processes **will not** change because of Medicaid Transformation.

Local Departments of Social Services (DSS) will have materials to share with beneficiaries about the changes. Current beneficiaries will receive information by mail that outlines actions to be taken, when to take those actions, and who they can contact for assistance.



KEY TERMS YOU SHOULD KNOW

ELIGIBILITY refers to whether a person qualifies for Medicaid or NC Health Choice.

ENROLLMENT is the process of joining a health plan that is responsible for that person's Medicaid health coverage.

BENEFICIARY refers to a person who is eligible for Medicaid or NC Health Choice. Once a beneficiary enrolls in a health plan, he or she becomes a **MEMBER** of that health plan.

Within NC Medicaid Managed Care, there are **STANDARD PLANS** (members will benefit from integrated physical and behavioral health services) and **TAILORED PLANS** (specialized plans that offer integrated services for members with significant behavioral health needs and intellectual/developmental disabilities). Tailored Plans are expected to launch July 1, 2022.

EBCI TRIBAL OPTION is the health plan that will be available to federally-recognized tribal members and others eligible for Indian Health Services (IHS).

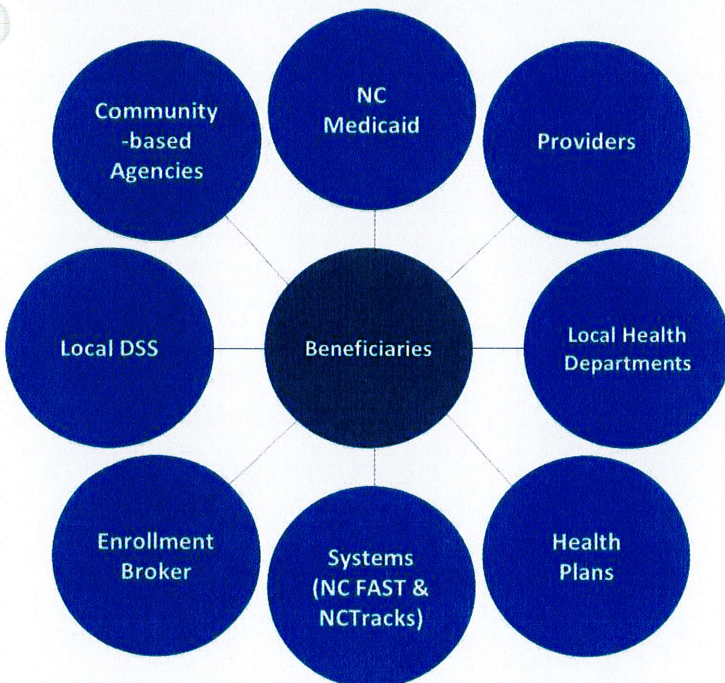
NC Medicaid determines the populations in Managed Care who will enroll in a health plan.

MUST ENROLL	CANNOT ENROLL	MAY ENROLL
Required to enroll in a health plan.	Stays in NC Medicaid Direct.	May enroll in a health plan or stay in NC Medicaid Direct.
Most Family & Children's Medicaid, NC Health Choice, Pregnant Women, Non-Medicare Aged, Blind, Disabled. (MANDATORY)	Family Planning Program, Medically Needy, Health insurance premium payment (HIPP), Program of all-inclusive care for the elderly (PACE), Refugee Medicaid (EXCLUDED*)	Federally recognized tribal members, beneficiaries who would be eligible for behavioral health tailored plans (until they become available)** (EXEMPT)

*Some beneficiaries are temporarily excluded and become Mandatory later. This includes dually-eligible Medicaid/Medicare, Foster Care/Adoption, & Community Alternatives Program for Children (CAP-C).

**Target launch date for Tailored Plans is July 1, 2022.

KEY PARTNERS AND THEIR ROLES



Beneficiaries are at the center of the transition to Managed Care. Partners need to work together to support beneficiaries during and after the transition to Managed Care.

- **NC Medicaid:** Provides NC Medicaid Direct supervision and oversight of health plans and other partners
- **Local DSS:** Determine Medicaid eligibility, update beneficiary information, and Medicaid case management
- **NC FAST & NCTracks:** Transmit beneficiary information; NC FAST remains the system of record for beneficiary information
- **Enrollment Broker:** Acts as an unbiased, third-party entity to provide enrollment assistance and help in choosing a health plan and PCP; provides outreach and education to beneficiaries
- **Health Plans:** Provide health care and ensure related services are available to their members; inclusive of Prepaid Health Plans (PHPs) and the EBCI Tribal Option
- **Providers:** Contract with health plans; must be enrolled as a Medicaid and/or NC Health Choice provider
- **Local Health Departments:** Provide services under NC Medicaid Direct and may contract with health plans for some services
- **Community-based Agencies:** Disseminate information to help educate the public on changes to Medicaid and provide feedback to DHHS from clients they serve

We will also partner with an **Ombudsman**, someone who is appointed to help resolve beneficiary complaints. More information will be forthcoming.

WHAT DOES MEDICAID TRANSFORMATION MEAN FOR YOU?

The local DSS will be impacted by Medicaid Transformation. As with beneficiaries, many things will stay the same, but some things will change. This playbook is one tool to help you understand what is changing. NC Medicaid will continue to provide training for each local DSS to help you stay informed and learn how to help beneficiaries.

DSS Directors should be aware of timelines associated with Medicaid Transformation and ensure that related information and communications (like these Fact Sheets) are shared with county partners and staff. All staff who interact with beneficiaries should be aware of Medicaid Transformation and the changes it brings. Directors can contribute to the success of this initiative by ensuring staff participate in upcoming Medicaid Transformation training, interact and collaborate with County Liaison Specialists from the Enrollment Broker and DSS Liaisons with the health plans, and champion this change. Be on the lookout for **"BUDGET CONSIDERATIONS"** in other Fact Sheets to help facilitate conversations about budgeting.

DSS Program Managers and Supervisors have a similar role. We encourage you to provide staff with opportunities to participate in training, discuss upcoming changes with your teams, and work to understand the role of the Enrollment Broker and health plans. Share information and materials with your staff as it becomes available and participate in Medicaid Transformation training.

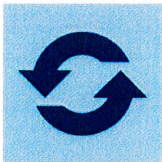
DSS Direct Line Staff should actively participate in training and be prepared to answer beneficiary questions related to Medicaid Transformation. You will not know all the answers – the best customer service you can provide is to direct beneficiaries and members to the right place. A goal of NC Medicaid is to support you with the information you need.

Please make a point to update contact information at **every interaction** with beneficiaries! NC FAST will remain the system of record for beneficiary information. Keeping addresses up-to-date is very important.

Please see below for a summary of how the role of the local DSS will change.

More information on key dates and milestones within Medicaid Transformation are provided in the **Introduction to Medicaid Transformation: Part 2 – Enrollment & Timelines Fact Sheet**.

County DSS will CONTINUE:



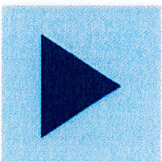
- Processing Medicaid applications, changes, and redeterminations.
- Generating replacement Medicaid cards for NC Medicaid Direct and EBCI Tribal Option members.
- Providing Non-Emergency Medical Transportation (NEMT) services for NC Medicaid Direct and EBCI Tribal Option members.
- Updating Primary Care Provider (PCP) for NC Medicaid Direct and EBCI Tribal Option members.

County DSS will NOT be responsible for:



- Choice counseling to help beneficiaries choose a health plan.
- Enrolling beneficiaries in health plans.
- Providing NEMT services for Prepaid Health Plan (PHP) members.
- Updating health plan or PCP for PHP members.
- Generating replacement health plan ID cards for PHP members.

County DSS will START:



- Referring beneficiaries to the Enrollment Broker for health plan choice counseling and enrollment assistance.
- Referring beneficiaries to their health plan for PCP updates, NEMT, and other requests related to their health plan.

GOALS FOR DAY 1 OF MANAGED CARE

The Department of Health and Human Services' (DHHS) highest priority is the health and well-being of the people it serves. DHHS is committed to improving the health and well-being of North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health.

From the first day of NC Medicaid Managed Care, the main focus of DHHS is to ensure that:

- A member with a scheduled appointment will be seen by their provider.
- A member's prescription will be filled by the pharmacist.
- Calls made to call centers are answered promptly.
- Members know their chosen or assigned health plan.
- Members have timely access to information and are directed to the right resource.
- Health plans have sufficient networks to ensure member choice.
- A provider enrolled in Medicaid prior to the launch of NC Medicaid Managed Care will still be enrolled.
- A provider is paid for care delivered to members through evidence-based interventions designed to address non-medical factors that drive health outcomes and costs.

Fact Sheets will be updated periodically with new information. Created 12/7/2020.
For more information, please visit <https://www.medicaid.ncdhhs.gov/transformation>.

Fact Sheet

NC Medicaid

Introduction to Medicaid Transformation: Part 2 – Enrollment & Timelines

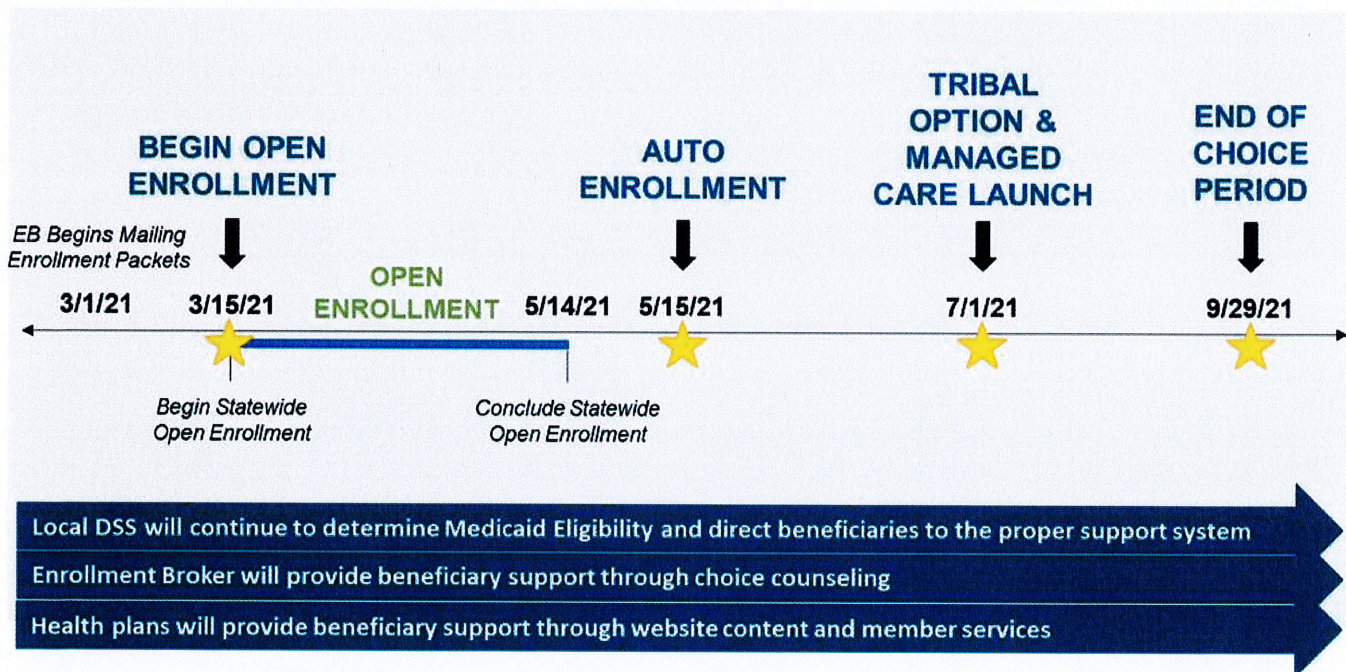
County Playbook: NC Medicaid Managed Care

NC Medicaid Managed Care is Rolling Out Statewide

The Department of Health and Human Services (DHHS) will transition most beneficiaries to NC Medicaid Managed Care statewide on July 1, 2021. A small percentage of beneficiaries will stay in NC Medicaid Direct. This Fact Sheet provides details on how and when these transitions will occur. Open enrollment for beneficiaries will begin on March 15, 2021 and end on May 14, 2021.

The statewide launch of NC Medicaid Managed Care and the EBCI Tribal Option will be on **July 1, 2021**.

NC MEDICAID MANAGED CARE TRANSITION TIMELINE



MILESTONE	IMPORTANCE	TIMELINE	WHO CAN HELP?
Enrollment Packets mailed from Enrollment Broker	Current beneficiaries will receive details by mail on who in their household must enroll or may choose to enroll in a health plan, what plans they have to choose from, and how they can enroll. Beneficiaries may select a primary care provider (PCP) and enroll in a health plan.	Beginning 3/1/2021	Beneficiaries should contact the Enrollment Broker for assistance.
Open Enrollment	Beneficiaries may select a PCP and enroll in a health plan. Postcard reminders will be sent to beneficiaries during open enrollment.	3/15/2021 – 5/14/2021	Beneficiaries should contact the Enrollment Broker for assistance.
Auto-Enrollment	Beneficiaries who have not selected a health plan will be enrolled in one systematically. A PCP will be assigned as well.	5/15/2021	Beneficiaries should contact the Enrollment Broker for assistance.
Day 1 – Health Plan Effective Date	Beneficiaries in NC Medicaid Managed Care will now receive Medicaid services from their health plan.	7/1/2021	Beneficiaries should contact their health plan and/or the Enrollment Broker for assistance.

**Dates are approximate and subject to change*

HOW ENROLLMENT OCCURS

Once open enrollment begins on March 15, 2021, beneficiaries can enroll in health plans in various ways. They can:

- Select a Primary Care Provider (PCP) and health plan through the Enrollment Broker.
 - By calling 1-833-870-5500 (toll free)
 - Online at ncmedicaidplans.gov
 - By completing and returning a paper enrollment form by fax or mail
 - Using the NC Medicaid Managed Care mobile app
- Be auto-enrolled in a health plan and PCP if they do not choose one by the deadline.

Auto-enrollment is based on:

- 1) Where the beneficiary lives
- 2) Whether he or she is a member of a special population
- 3) Historical provider-beneficiary relationship and preference
- 4) Health plan assignments of other family members
- 5) Previous health plan enrollment within the past 12 months
- 6) Equitable health plan distribution

Beneficiaries may also indicate PCP and health plan preference in NC FAST (via ePASS application or caseworker entry).

CHOICES FOR ENROLLMENT

Beneficiaries will have 6 health plans to choose from when they enroll, based on the region in which they live:

- WellCare
- UnitedHealthcare Community Plan
- Healthy Blue
- AmeriHealth Caritas
- Carolina Complete Health*
- EBCI Tribal Option**

The Enrollment Broker can assist beneficiaries in choosing a health plan and a PCP.

*Carolina Complete Health is only available to beneficiaries in these counties: Alamance, Alexander, Anson, Bladen, Brunswick, Cabarrus, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Durham, Franklin, Gaston, Granville, Harnett, Hoke, Iredell, Johnston, Lee, Lincoln, Mecklenburg, Montgomery, Moore, Nash, New Hanover, Orange, Pender, Person, Richmond, Robeson, Rowan, Sampson, Scotland, Stanly, Union, Vance, Wake, Warren, and Wilson.

**The EBCI Tribal Option is only available to federally-recognized tribal members or others eligible for Indian Health Services (IHS) who live in Cherokee, Graham, Haywood, Jackson, or Swain County. Eligible members in the following counties may opt in: Buncombe, Clay, Henderson, Macon, Madison, and Transylvania.

WHEN ENROLLMENT OCCURS

During the open enrollment period as noted above. (Note: Beneficiaries may change health plans at any time during open enrollment).

After NC Medicaid Managed Care launch, beneficiary enrollment occurs or may change:

- New Applicants –
 - Enrollment is effective the month the application is dispositioned. (This may mean a portion of their eligibility period will be NC Medicaid Direct).
- Beneficiaries with a Change of Circumstance Impacting Enrollment -
 - Enrollment or disenrollment is effective the month following the change.
- At Redetermination:
 - Beneficiaries may choose to remain with current health plan or make a change.

Mandatory beneficiaries (required to enroll in a health plan) have a 90-day choice period in which they can change health plans for any reason. The 90 days starts as of the effective date of enrollment.

Exempt beneficiaries (may enroll in a health plan) can change health plans at any time.

BUDGET CONSIDERATIONS

Milestones in Medicaid Transformation described above may result in additional foot traffic and phone calls to the agency. More information will be provided.

Fact Sheets will be updated periodically with new information. Created 12/7/2020.
For more information, please visit <https://www.medicaid.ncdhhs.gov/transformation>.

JANUARY EMPLOYEES OF THE MONTH

Jenny Adams (IMC 1 - Family & Children's Maintenance): "Jenny is always willing to assist her co-workers and is always volunteering her time for extra activities to improve and boost morale in the Unit!"

Lorna Tessneer (SW I/A T - On Call): "Lorna has made an excellent transition to the on-call social worker position. Her supervisor has received multiple compliments from other social workers as well as other agencies on her through documentation and work with families. Lorna's afterhours work is neat and organized making it easy for the daytime social workers to take over the afterhours work. Lorna recently had multiple calls over the holidays and put in long hours working on Christmas Eve and Christmas Day. Thank You Lorna!"

Amelia Sabato (IMC 2 - Family & Children's Intake): "Amelia always works very hard, but she has not skipped a beat during this pandemic. She has handled both Work First and Medicaid applications with ease ensuring that clients continue to get the benefits they are entitled to with minimal delays. Amelia has at times been the sole Work First intake worker while also assisting coworkers who were out. She handles her duties professionally and has been a tremendous asset to the agency!"



HENDERSON COUNTY DEPARTMENT OF SOCIAL SERVICES
MONTHLY COMPARATIVE STATISTICS

PROGRAM AREA - MONTHLY CASE COUNT	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	% Change From Prior 12 Mths
Food Stamp (FNS) Cases							4897	5017	5275	5351	5111	5090	5258	
FNS Apps Taken	302	380	288	536	553	257	228	254	304	273	375	391	304	-11.9%
Individuals Served							9956	10180	10635	10827	10275	10172	10543	
Work First Employment Cases	12	10	9	10	10	6	4	4	5	6	7	7	9	20.0%
Child Only Work First Cases	95	94	93	93	94	94	95	93	94	95	95	92	90	-4.2%
Crisis Heat/Cooling (CIP)	150	211	127	61	19	17	23	31	36	69	144	124	159	
Low Income Energy (LIEAP)	336	498	208	9	0	0	0	0	0	0	0	0	463	
Medical Assistance Cases ^{2&4}														
Participants							15770	15933	16334	16486	16655	16794	17019	
Applications Received	590	640	461	553	598	362	394	433	370	393	421	457	487	3.0%
Medicaid Transports	1459	2524	1945	2236	1383	579	1130	1152	1161	966	1168	778	1409	
Individuals Transported	180	267	250	244	78	88	135	116	143	125	145	131	84	
Child Support Cases	2494	2492	2495	2455	2458	2449	2413	2392	2397	2380	2365	2364	2368	-2.5%
Child Support Collections	\$343,162.69	\$368,313.16	\$313,677.72	\$377,517.60	\$312,194.50	\$387,578.46	\$397,311.73	\$372,688.49	\$391,349.72	\$333,695.71	\$335,662.71	\$337,233.05	\$338,251.17	-4.9%
Child Day Care	521	526	574	618	618	618	463	461	470	608	418			
Child Day Care Expenditures ¹	\$228,391	\$241,977	\$270,416	\$279,391	\$449,954	\$470,338	\$295,885	\$289,095	\$268,179	\$268,179	\$199,026			
CPS Investigations Initiated	85	110	105	99	54	70	63	66	76	88	91	79	77	-6.3%
CPS Investigations Continuing	111	136	120	118	73	80	64	78	89	107	107	95	103	4.9%
CPS -In-Home Case Mgt	37	37	35	35	40	39	41	40	41	37	33	34	31	-17.1%
CPS-Children In Custody (0-18)	136	146	156	157	163	162	168	177	171	167	170	172	173	6.7%
CPS-Foster Care (age 18-21) ³	12	11	10	10	11	10	10	10	14	15	15	16	15	25.0%
APS Open Cases	27	33	30	14	15	25	19	26	23	23	46	49	37	34.5%
Spec. Asst. In-Home	130	129	125	123	124	124	127	126	123	122	123	126	126	0.7%
Guardianship Cases	25	25	25	25	26	26	26	25	25	25	25	24	25	-0.7%
In-Home Aid Services(Contract)	93	92	93	92	89	91	91	88	88	85	83	81	82	-7.7%

1 - New category as of 7/1/2014

2 - New category as of 3/1/2015

3 - New category as of 1/1/17

4 - Medicaid #s revised beginning 7/2017

HENDERSON COUNTY DEPARTMENT OF SOCIAL SERVICES

Personnel Report

Second Quarter FY 2020 - 2021 (October - December 2020)

New Hires	Worker Initials	Position	Hire Date	Degree
	RC	Processing Assistant 3	10/26/2020	None
	SA	IMC 1 - Food & Nutrition Intake	11/23/2020	None
	EW	Social Worker 3 - Foster Care CPS Team 4	11/23/2020	Bachelors - Education
	MB	Child Support Agent 2	12/7/2020	None
	LR	Social Worker 3 - Foster Care CPS Team 2	12/7/2020	Bachelors - Social Work
	NC	Social Worker 2 - Adult Services Unit 1	12/7/2020	Bachelors - Psychology/Masters - Counseling
	CW	Social Worker 2 - Adult Services Unit 2	12/7/2020	Bachelors - Social Work
Quarter Total	7			
Year Total	17			

Resignations/ Separations	Worker Initials	Position	Effective Date	Primary Reason	Tenure (YRS)	Life Changing Event (Y/N)
	AN	Social Worker I/A T - CPS Team 1	10/30/2020	Resignation - Going to work monitoring facilities	3.58	N
	JF	Social Worker 2 - Adult Services Unit 2	11/6/2020	Resignation - Going to work for BC DSS	7.67	N
	JM	IMC 3 - OSS/Program Integrity	11/4/2020	Resignation - Moving to Florida	6.83	Y
	TP	IMC 2 - PLA/SA	11/13/2020	Termination during probationary period	0.25	N
	CS	Social Worker 3 - Adult Services Unit 1	11/30/2020	Retirement	14.05	Y
	KL	IMC 2/Interpreter	12/17/2020	Resignation - Secured another position	2.92	N
Quarter Total	6					
Year Total	15					

Transfers/Promotions	Worker Initials	Prior Position	New Position	Date
	LD	IMC 2 - PLA/SA	IMC 2 - Long Term Care	10/26/2020
	JS	Social Worker 3 - Foster Care CPS Team 4	Social Work Supervisor 3 - CPS Team 2	11/23/2020
	SP	IMC 2 - Food & Nutrition Intake	IMC 3 - Program Integrity	12/7/2020
Quarter Total	3			
Year Total	12			

	Total Staff	Separations 2nd Qtr	% Turnover 2nd Qtr	Turnover YTD	% Turnover YTD	# of Retirements	% Turnover w/o Retirements
Economic Services	68	3	4.40%	4	5.90%	0	5.90%
CPS Social Work	46	1	2.20%	5	10.90%	1	8.70%
Other Social Work	14	2	14.30%	3	21.40%	1	11.80%
Support Staff	22	0	0.00%	2	9.10%	1	4.50%
Child Support	6	0	0.00%	0	0.00%	0	0.00%
Supervisory/Admin.	31	0	0.00%	1	3.20%	0	3.20%
	187	6	3.20%	15	8.00%	3	6.40%
Administration/Reception	11	0	0.00%	1	9.10%	1	0.00%
Economic Services	83	3	3.60%	4	4.80%	0	4.80%
Social Work	93	3	3.20%	10	10.80%	2	8.60%
	187	6	3.20%	15	8.00%	3	6.40%

Program Administrators Report for January 2021

Social Work

December was a very busy month for Services as we continue to work through the challenges of a national pandemic and persistent increase of positive cases. Out of concern for the safety of our staff and clients we implemented an A/B working schedule. This allows staff to alternate days working in the office and working from home. This also reduces the numbers of staff on any given day in the building and on each hall therefore reducing any potential exposures. We have encouraged the use of virtual meetings and asked that masks be used everywhere in the building except in their individual offices.

Adult Services

Even with the decline in APS reports in December, our staff is still recovering from the previous months increase. From July 1 to December 31, 2020 APS screened 134 cases with an average initiation rate of 1.3 days the state rate is 1.2. We had a substantiation rate of these cases at 23% and the state substantiation rate at 25 %. For the months of September, October and November they had a 100% timely case decision.

During December the Adult Angel tree served 47 clients. We had approximately 45 sponsors for these clients.

Child Welfare

The child welfare staff was able to meet the Christmas wishes of 235 children consisting of foster children and children with open CPS cases. There were approximately 25 community sponsors along with the gifts and monetary donation from the Toy Run.

The Foster Child Christmas Party this year was hosted again by the Fletcher Seventh Day Adventist Church on 12/6. There were 101 children that participated in the Drive-Thru Christmas Party this year at the Lelia Patterson Center in Fletcher, NC.

Mix 96.5 a radio station out of Asheville hosted 73 foster children as well.

Lippman Produce donated bags of blankets, clothing and hygiene products for children in foster care and current CPS cases. They also donated food for needy families, serving approximately 20-25 families.

MAPP class is starting Thursday Jan 14th and will conclude March 4th. We currently have 6 families scheduled to attend.

We received notification December 11, 2020 that due to the pandemic, the Chief Justice postponed in-person court proceedings for 30 days beginning Dec. 14, 2020; therefore, we haven't been able to proceed in court with any of our services or child support cases.

Economic Services

LIEAP & CIP

- Beginning 1/1/2021, Epass became available for CIP & LIEAP applications
- LIEAP opened to all eligible households, regardless of age or disability, on 1/4/21
- 622 total energy applications were processed in the month of December

Food & Nutrition

- Due to ongoing COVID waivers, Food & Nutrition cases with 6 months certifications will be auto certified by the State through June 2021
- The FNS maintenance team will continue to work certifications of 12 and 36 months.
 - In addition, the FNS maintenance team (given the decrease in work through June) will be the main contacts for LIEAP Pandemic payments, as well as ongoing LIEAP and CIP applications.
- Clients are continuing to get allotments up to the maximum amount for their household size. In addition, the maximum amount was temporarily increased by 15%.

COVID-19 Considerations

- All programs continue to have various waivers allowing easier processing of benefits. These mainly relate to telephonic interviews/signatures and client statement for verifications.
- We continue to restrict client access to the front lobby. Nearly all interactions can be completed via phone, text, or email. Occasionally, we need to see a client while they are here. In these cases, we use one of the front offices, utilizing social distancing and available sneeze guards on the table.
- In an effort to reduce contact between staff, around half of economic services staff are returning home to work remotely full time. There are 14 staff awaiting equipment before they can begin remote work. The remaining staff are remaining in office by choice. All leadership remains in office unless there is an accommodation in place.

Administration

No report submitted

**Henderson County Department of Social Services
FY20-21 6 MONTHS YTD DEC20 - (011521)**

DESCRIPTION	TARGET =											50.0%	
	ACTUAL FY 12-13	ACTUAL FY 13-14	ACTUAL FY14-15	ACTUAL FY15-16	ACTUAL FY16-17	ACTUAL FY17-18	ACTUAL 2018-19	ACTUAL 2019-20	BUDGET 2020-2021	YTD SPEND 2020-2021	% SPENT	\$ UNSPENT	
SALARIES - WAGES, OT, TEMP	6,675,430	6,822,428	7,179,068	7,179,338	7,477,098	7,553,754	7,849,280	8,076,196	8,601,836	4,088,904	47.5%	-4,512,932	
DEFERRED COMP - SUPP, LGERS & 401K	519,736	551,487	591,834	563,817	636,219	654,785	708,049	833,486	1,039,219	476,371	45.8%	-562,848	
INSURANCE - MEDICAL & DENTAL	1,845,802	2,079,280	2,089,895	2,050,190	2,160,256	2,243,185	2,287,467	2,099,836	2,504,138	1,075,402	42.9%	-1,428,736	
UNEMPLOYMENT & WORKERS COMP	191,262	126,452	95,351	53,849	60,374	82,422	123,599	81,594	93,288	40,486	43.4%	-52,802	
SOCIAL SECURITY (FICA)	485,558	495,573	527,147	519,084	540,337	545,069	566,159	582,366	661,300	293,521	44.4%	-367,779	
STAFF TRAINING	22,972	23,460	21,363	29,320	43,424	49,668	52,019	34,265	70,000	16,861	24.1%	-53,139	
STAFF	9,740,760	10,098,679	10,504,658	10,395,598	10,917,709	11,128,883	11,586,573	11,707,743	12,969,781	5,991,546	46.2%	-6,978,235	
TECHNOLOGY (IT) - CAPITALIZED & NON-CAP	182,013	237,928	215,713	162,227	166,555	288,605	106,714	152,837	304,869	215,870	70.8%	-88,999	
*** SUPPLIES - OFFICE, CLING, FOOD, DP, FURNITURE & DUES *	156,036	159,567	223,383	284,504	178,221	267,041	125,735	104,835	184,366	279,948	151.8%	95,582	
TELEPHONE - AGENCY SYSTEM & STIPEND	110,054	118,303	123,525	80,537	103,696	97,738	111,656	147,477	149,663	60,732	40.6%	-88,931	
POSTAGE	59,643	61,131	35,256	53,606	39,650	41,001	44,025	45,341	50,000	15,378	30.8%	-34,622	
MAINT & REPAIR - BUILDING, GROUNDS & EQUIPMENT	8,488	2,791	17,437	4,397	0	0	0	0	0	0	0	0	
CONTRACTED SERVICES	448,887	551,002	772,476	573,428	599,967	644,263	538,747	489,949	695,427	192,016	27.6%	-503,411	
OUTSIDE SERVICES - PRINT'G, MED/LEGAL/PROF/RESEARCH/JUDICIAL/ADV	39,316	38,701	54,609	58,012	74,726	82,702	71,884	121,597	151,000	70,528	46.7%	-80,472	
CLIENT TRAVEL ^a - MILEAGE, FUEL & VEHICLE EXPENSE	117,636	118,153	118,911	140,182	132,864	103,720	106,488	77,621	93,750	23,905	25.5%	-69,845	
RENT (EQUIPMENT & PROPERTY)	83,680	80,989	85,660	74,450	43,343	43,368	39,061	32,617	82,000	7,382	9.0%	-74,618	
INSURANCE/BONDING	122,750	104,118	119,193	106,257	103,321	106,953	100,722	95,452	100,279	98,735	98.5%	-1,544	
GUARDIANSHIP ASSISTANCE	28,800	28,800	28,800	32,800	40,800	35,699	26,400	26,400	42,000	13,200	31.4%	-28,800	
FOSTER CARE TRAINING	5,657	4,499	5,122	8,070	5,479	4,358	6,882	6,929	12,000	1,081	9.0%	-10,919	
ADMINISTRATIVE	1,180,947	1,268,053	1,584,370	1,416,243	1,322,067	1,426,843	1,171,599	1,148,218	1,560,485	762,904	48.9%	-797,581	
TOTAL STAFF & ADMINISTRATIVE	11,103,719	11,604,661	12,304,742	11,974,069	12,406,331	12,844,331	12,864,886	13,008,797	14,835,135	6,970,319	47.0%	-7,864,816	
Line Item Transfers													

*** Includes \$2,770.50 for COVID-related supplies paid by Federal grant to the County.