

## MINUTES

### DAVIDSON COUNTY BOARD OF HEALTH

#### Special Meeting - Cap-C

April 14, 2011

6:00 p.m.

#### BOARD MEMBERS PRESENT

Dr. Mark Hamrick  
Ms. Alice Gray  
Commissioner Don Truell  
Dr. Cathy Riggan  
Dr. Mark Davis  
Rev. Lamar Moore  
Mr. Keith Raulston

#### STAFF PRESENT

Janie Ange  
Nancy Rosier  
Barbara Jones  
Lynnette Cole  
Carol Conrad  
Karen Sheffield  
Kim Frank

#### VISITORS PRESENT

Teresa Piezzo, Division of Medical Assistance  
John Gibbons, RHA Howell Care Centers  
Julia Simmons, Woody's Mom

#### WELCOME

Dr. Mark Hamrick called the meeting to order by welcoming everyone and having the Board introduce themselves and stated their occupation.

Dr. Hamrick stated the purpose of the meeting is provide information about the CAP-C program by inviting Teresa Piezzo, Division of Medical Assistance, John Gibbons, RHA Howell, and Julia Simmons, Woody's Mom, to speak and answer questions. Dr. Hamrick also stated that time would be allowed for public comments, ask questions and to address any concerns. Dr. Hamrick stated he had a list of persons who indicated they wished to make comments and would call names to allow those individuals to make comments or ask questions. He also requested that comments be limited to 3 minutes to allow everyone the opportunity to speak and to allow time for presentations which hopefully would answer many questions.

#### PUBLIC COMMENT

Public comment from 5 individuals included the following:

- 1) Those related to general concerns with the CAP-C program.
  - a) Concern about school program for 16 year child and what can be done about that situation
  - b) Status of pending approval of handicap car seat for child
  - c) Child in 9<sup>th</sup> grade and looking at out of state college – questioning how services will be affected when child goes to college
- 2) Those related to the transitioning of the CAP-C program out of Davidson County Health Department
  - a) How will the proposed changes affect me, appeal process if dissatisfied with new services, does proposed changes affect Medicaid eligibility, will current approved medical providers for my child change
  - b) Timeline of transition, will new agency accept my current providers, frequency of review of care plans, concern that new agencies already serve several other counties and impact on timeliness of communication, how will care plans be reviewed with new case managers, qualifications of case managers and expected case load, frequency of contacts and home visits, how will special requests for supplies, etc., be handled, will case managers collaborate with the school system to assure the IEPs address medical needs, process for requesting home modifications, will case managers be knowledgeable of resources currently being used and able to locate additional resources to meet my child's needs.

#### *Division of Medical Assistance Presentation*

Teresa Piezzo gave out informational CAP-C hand-outs and presented the following information:

- Has been the DMA Nurse Manager for the CAP-C program for 7 years

- Several changes to the CAP-C program during the past 6 months– program started in 1980s – no changes past 20+ years - current changes to waiver include new services and changes to provider qualifications, reviewed services available
- Here to explain transition plan
- CAP-C policy will remain the same – reviewed CAP-C information brochure including services available through the program
- Case manager qualifications will remain the same
- Transition should move smoothly – have transitioned over 10 agencies in past 4 months
- Have the opportunity to offer the choice of 2 agencies in Davidson County who have been very good with transitioning and working with existing agencies
- Current plans of care /services will continue and - freedom of choice provision will continue to apply regarding in-home providers
- Current case manager will work with new case manager to transition care
- Will be available to address the general concerns expressed during public comments with the individuals involved after the meeting
- Complaints can come to her – prefers that start with case manager – the CAP-C complaint reporting process will result in the complaint ultimately coming to her also
- Home modifications will be handled in same manner handled today
- Goal is to transition by the end of June
- Letters will be sent out to caregivers to make choice of agency
- The case manager is the hub of the wheel for CAP-C – the transition will include working with the current case manager during the transition - in other counties some joint visits were made with current and new case managers were made – the case manager duties will not be handed off over night there will be coordination during this process - team in Raleigh here to support you

### **RHA Howell Presentation**

John Gibbons presented the following information:

- Have had excellent CAP-C services provided in Davidson County
- Can visit RHA Howell website to learn more about the company – started as a family business – started with residential care – recently venturing out into community services – with this background has capability of transitioning clients back and forth between community and residential care supporting children where at with current needs – has capability of working with children in schools
- Has worked with DMA regarding the development of the new community waiver – has good relationship with DMA and is excited about the added services in the new waiver – have done several vehicle and home modifications and very excited about this option
- Like to work with the client’s current supply company
- Only thing that will change with this transition will be the case manager – services and providers in the home will remain the same – will work toward smooth transition between current case manager and new case manager
- Age limit has changed with new waiver from 19 years to 21 so will be working with clients as go off to school
- Try to hire locally for case managers - introduced Angela Hunter – case manager in Forsyth County who lives in Davidson County – this will be big opportunity for her
- Case managers make at least monthly contact and home visits at least every 90 days
- Pulls in other resources to support children and families
- Involved in supporting parents in advocating the legislature for CAP-C services
- Case managers traditionally handle 18 – 22 cases – varies with and adjusts to need of the clients
- Would hire current case managers if apply

## Woody's Mom

Julia Simmons presented the following information:

- Is a single parent of a special needs child – went through a transition with CAP-C case management once and understands the anxiety caregivers are experiencing now
- Will hire case managers who will care for the families like care she would want - has lived it – many of her case managers have children with special needs – new case managers may have learning curve which will be able to meet, but care and concern must be there
- Skilled in making requests through CAP-C and making appeals if denied
- Can change mind about agency choose now if decide to do so later
- If assigned case manager doesn't "click", can ask for different case manager
- Will keep in place the same providers client currently has
- Goal is to take excellent case management currently have and move forward
- Excited about the changes which are occurring in the CAP-C program – now able to offer much more than have been able to in the past

## Board of Health Comment

Don Truell stated his questions were answered with the assurance that the same providers will be able to continue to provide services to the clients

Dr. Kathy Riggan thanked both agencies for providing information – very helpful from a provider stand point

## Questions and Answers

The following information was provided in response to questions presented by the public members present:

- Layton Long stated the health department is committed to making the transition as smooth as possible and we will do everything we can to assist with this transition
- Carol Conrad stated the letters with authorizations for caregivers to complete with their choice of agency are ready to go out. Once these letters are returned to us, we will be able to transfer records. The current health department case managers would like to have face to face meetings with the new case managers for their clients
- The target date to end CAP-C case management services by the health department is May 31 – if needed can extend services out to the end of June. The key is for the caregivers to make their selection as soon as possible to give as much time as possible for the State to provide authorization for the new agency to assume services and then the coordination of care and transition of services can begin.
- Each caregiver can choose either of the agencies presenting tonight. DMA may be contacted if needed regarding the choice
- Responses to question regarding how accessible case managers will be with an emergent or immediate need: Julia Simmons with Woody's Mom – most of case managers are RNs, some are Social Workers – would have caregiver start contact with home health agency providing 24 hour coverage for client. John Gibbons with RHA Howell – realizes client needs can change day to day, hour to hour – have 24 hour coverage with someone always there to take calls – if needs change, FL2 process may interfere – RHA Howell has electronic FL2 process resulting in turn-around with EDS within as little time as 24 hours and allowing for services to be arranged much quicker
- Nursing care providers for CAP-C clients are enrolled with the State – contact is not with the CAP-C case management agency – both RHA Howell and Woody's Mom will work with any enrolled provider – during transition process will make contact with the client's current providers. John Gibbons with RHA Howell stated he has been trying to assist providers in enrolling with DMA for provision of the new services.
- Responses to question regarding typical case load for case managers and why more cases assigned than for case managers with the health department where currently there are 36 clients with 2 FTEs providing services – both companies stated the average case load is 22 with the case managers working from their

homes. The current health department case managers have duties in addition to CAP-C case management while the case managers for RHA Howell and Woody's Mom will only be assigned CAP-C case management.

- Julia Simmons with Woody's Mom stated case management in Davidson County would be new to her case managers – she will be hiring locally, looking for persons with a willingness to learn, who are independent, responsive and have a good personality, someone I would want for my case manager – interviewing now – number of hires will be dependent on number of clients who choose her agency – makes home visit with all case managers to new clients – there will be a learning curve for the case managers – give them time to learn the resources, etc
- John Gibbons with RHA Howell stated fortunate to have Angela who lives in Davidson County and is already familiar with the resources here on board as a case manager – if caregiver not satisfied with the case manager assigned, call me and we will work through the problem together
- Response to how case managers will be able to handle entire case load the health department has by end of May if not already hired – one positive thing is that goal is to hire local people as case managers who will already be knowledgeable of the resources and providers in Davidson County
- Response to questions regarding how will they deal with getting providers and venders to respond in a timely manner: Julia Simmons with Woody's Mom – will be pleasantly persistent – sometimes with small items, will use own benevolent funds – will keep caregiver informed about what happening with the process. John Gibbons with RHA Howell – communication and follow-up is key – can change venders if one doesn't respond – must be persistent and not willing to keep waiting

### **Closing Comments**

Mr. Long stated the decision to transition CAP-C case management out of the health department has been a difficult decision to make but budgetary issues have made it necessary. Our staff has done an excellent job in providing these services and this decision is absolutely no reflection on them. We are very fortunate that the caregivers of our clients will be able to choose between two agencies to continue their CAP-C case management. (He noted that all CAP-C employees will be moved into other health department positions if they so choose, with no one losing their job.)

Dr. Hamrick thanked the presenters for the helpful information provided and the members of the public in attendance for their interest. With no further questions or comments, Dr. Hamrick adjourned the meeting, noting that staff and the presenters could remain for individual follow-up information as desired by the public attendees after the meeting.

### **FUTURE BOARD MEETING DATES**

The Board of Health will meet Tuesday, May 3, 2011 at 12:30.

Respectfully submitted,

---

**L. Layton Long, REHS, MSA**  
**Secretary to the Board**

This is a true and accurate copy of the April 14, 2011 Board of Health Special CAP-C Minutes.

---

**Dr. Mark Hamrick, Chair**