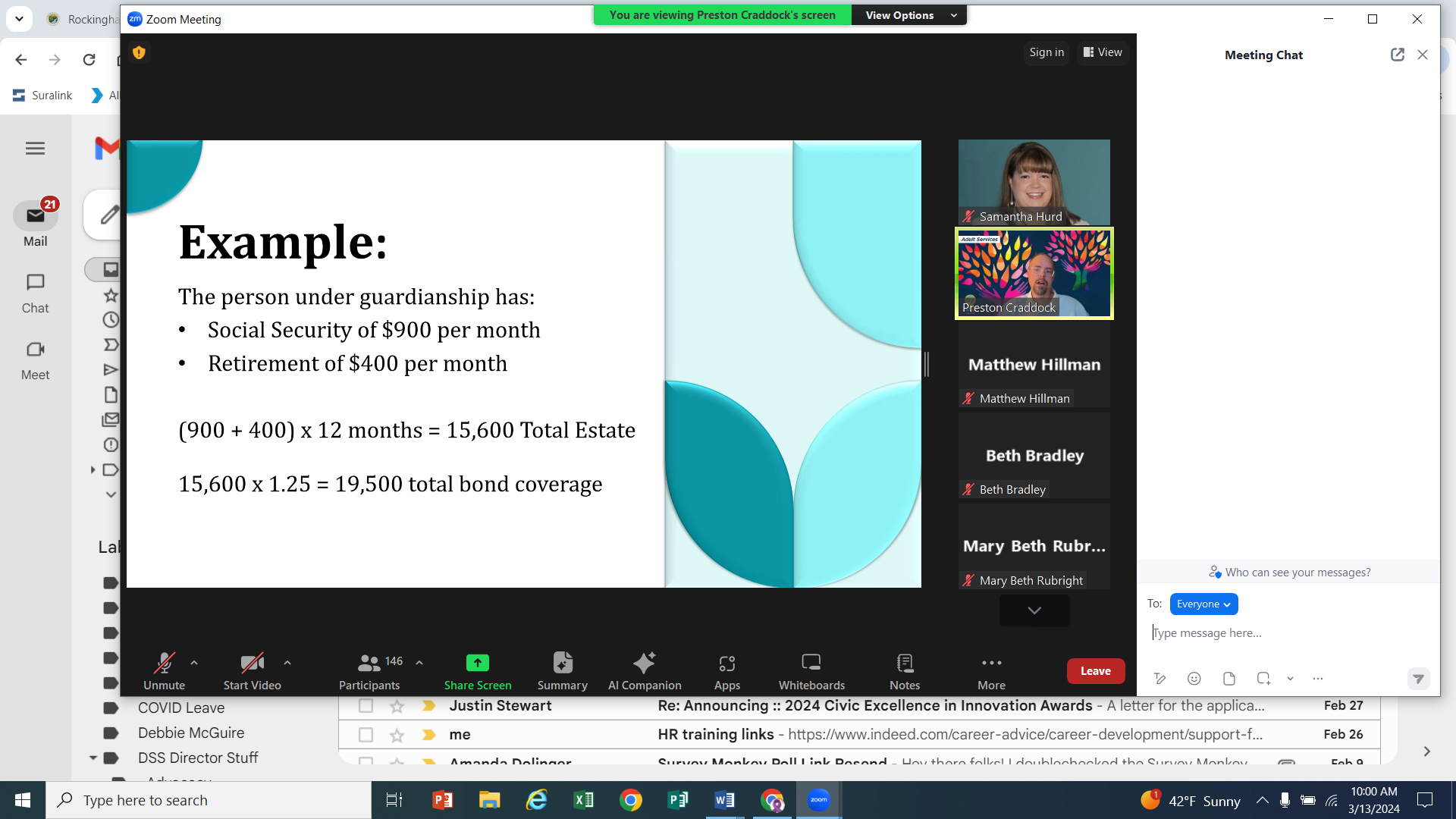
**Adult Services Committee Meeting 3/13/2024**

Co-Chairs: Samantha Hurd, Tracie McMillan, Micah Ennis, Felissa Ferrell

February 2024 minutes; Matt Hillman made the motion, Beth Bradley seconded.

**Presentation by: Preston Craddock, Guardianship Consultant: Accountings for General Guardians and Guardians of the Estate-Different Branches of the Same Tree.**

* General Guardianship is a hybrid between GOP and GOE
* Authority and duties of General Guardian-all the authority is granted to the Guardian Of the Person, along with the additional responsibility for the adults financial resources.
* With GOE and General Guardianship, you have bonding requirements that are different from a GOP and a required accounting to the Clerk of Court.
* GOP-a minimum bond-generally $3000
* A rep payee can manage SSA benefits when the adult is unable; they must use those funds for the adults benefit and basic needs and can obtain a preneed funeral service for that adult under 20 CFR 404.1603 and 404.1604. They have no other authority for any other parts of the estate. If other transactions needed that requires legal authorization, then you can use a single protective transaction.
* Bonds-DSS must obtain a bond through NC DHHS blanket bond. The amount of the bond with an estate depends on the estate value. A bond premium can be paid out of the estate. If the bond is over $30,000, then would need to find a private bond.
* DAAS Bond 7016-new bond and changing a bond. Send encrypted. No identifying information. If you need bond coverage before the Clerk of Court will give you letters, please note that in your request. If you are unable to get a private bond when over $30,000, please note that as well. Send to [7016dssforms@dhhs.nc.gov](mailto:7016dssforms@dhhs.nc.gov)
* How to configure bond: Total assets (E) X 1,25= total bond amount.



Don’t forget about stocks, bonds, property, boats, cars, etc. May need to reach out to experts to value these items.

* Remember, Guardian of the Estate only handles financial transactions, real or personal property, etc., not decisions about person’s healthcare.
* GOE can be complex, managing debt, taxes, bills, property management, collections, contracts, loans, etc. Maintaining cost of care, HOA fees, maintaining their home, etc. It could require that you take out loans to make repairs or hire people to cut the grass, or a plumber to fix things in the home, etc.
* Bills-the estate covers those costs. But what if they can’t pay-use your social worker skills and seek out resources.
* Accountings to the Clerk: Must do an inventory, which must be filed with the clerk within 3 months of appointment (AOC-E-510). Additional filings may need to be filed if you discover additional assets or the valuation of the property or interest is not correct. AOC-E-510 is the initial inventor for GOE Guardianship form. Must include amount of property received and invested, the manner and nature of investments, receipts and distributions in the past year and investments and/or banking statements. Could be held in Civil Contempt if not filing timely. Accountings are annual after the initial inventory. AOC-E-506).
* A guardian’s authority ends with the person under guardianship dies usually, but there could be exceptions. A final accounting is due to the Clerk of Court as required by law. The final accounting is a report of the status of the estate at the termination of the GOE. Still utilize AOC-E-506 and is due within 60 days. Other reasons why GOE is terminated include restoration, modification or transfer.
* If DSS agency is appointed, remember to use a best practice as social worker are not bankers. Ask Clerk of court to appoint a GOE and if that doesn’t happen, seek out consultation. Remember to keep all documentation of transactions regarding the estate of the person under guardianship, including receipts, statements, bills and canceled checks. Look to Business Officers to assist and support if DSS is appointed GOE or General Guardian. Depending on how complex the resources, you may need to consult with experts to ensure decisions being made are in the best interest of that person. Ask Clerk what they want included. Separate accounts should be established with there are GOE or GG. Costs come out of the person’s estate.
* All DSS should have a master list of individuals who are under guardianship, and a way to track when accountings are due, etc.
* Questions:

Status accountings- are due 30 days after the first year. Eg. March 1, 2024-it’ll be due March 30, 2025.

If you are only needing certain financial information on a short-term basis to qualify someone for Medicaid service, doing a single transaction. Also, if there is a rep payee, work with them. Banks are difficult in getting bank statements, particularly around statements. Sarah suggested having a conversation with the Clerk of Court and your attorney, particularly if it is a local bank.

Earlier in the slide you had that if there is a GOP and same is Rep Payee that the Guardian could utilize the responsibility to secure a Pre-need without needing to seek becoming a General? Is that correct. Preston-yes, that’s correct.

**CAP-DA-Wrenia Bratts-Brown-Associate Directors in NC DHB Home and Community Based Services**

Update on CAP Waiver:

* 1915C waiver-we contracted with a vendor Acentra. We are trying to reduce the time frame to access services from 120 days to 30 days. CAP DA- around 1200 referrals per month; and CAP-C-we process 192 referrals per month. We continue to process those requests and link individuals to home and community-based services.
* 11648 slots-we are nearly at that capacity. We have a few slot opened-they are occupied for those waiting for their outcome of their assessments.
* In February-we initiated a wait list; so anyone applying in February, if no slots available, they will be placed on the wait list. Those who started from July through January, they should have a slot if they meet the program requirements (eligible to enroll).
* CAP DA Waiver expires in October 2024. These are a 5-year approval period; NC has to renew that waiver, etc. WE are asking stakeholders to recommend any recommendations. March 19-information session-provide feedback about the waiver. The theme-Critical incident management process-they are requiring states to incorporate those changes. So how do we identify, collect critical incidents.
* Acentra health is the independent assessment agency for POC, assessments, etc. They have been working on the backlog. For CAP-C-they have managed the backlog with no backlog. There are CAP-DA backlogs currently, at the end of February-they have made significant improvements; 342 on backlog phase. Trying to complete them by end of march.
* Once assessment completed, if approved, it goes to a case management agency so they can start to draft the POC with the adult. E-CAP system-you can track those referrals you have made. At any time, if you need additional information on an individual, you can contact Acentra Health or you can contact Wrenia Bratts-Brown.
* Provider enrollment process-recredentialing has started back now that the public health emergency has ended. If terminated, provider will have to start a new provider application, which means you cannot get reimbursement for services provided.
* CAP-C-March 1, 2023 is when that waiver was approved. We will receive 500 additional slots for medically fragile children. New services for families to use to help address the shortage of caregivers; so a parent can be paid to be the caregiver. Expanded consumer direction-those who are medically fragile, with private duty needs, can be directed through CAP-C waiver.
* Personal Care Services (PCS)-need assistance with ADLs, allowing for someone to come into the home or congregate setting to give support to that adult. There are two separate policies for these two programs. Congregate setting is a daily rate versus hourly. How doe we assess a person in a congregate setting and then how do we reimburse those activities-they have convened a work group and should have recommendations coming soon (by May).
* Medicaid bulletin will be coming out on how to bill the daily rate for congregate setting.

**Partner Updates:**

• ***ACLS: Megan Lamphere & Tamara Talbot-no report***

* Bi-Monthly Training Workshop
* o3/14/23 from 2-4pm via MS Teams; no registration required.
* oTitle: Resident Discharge
* o Target audience – all DSS AHS, supervisors and managers of
* AHS.
* o Will be covering important rule re-adoption updates effective
* 4/01/24.
* • Addressing concerns related to unlicensed facilities, multi-unit assisted
* housing with services (MUAHS), and sudden closures.

***• DAAS: Sarah Richardson***

* March 3-sent out survey; please complete by COB today, March 13, 2024.
* Statewide consultation meeting March 28-links on Sharepoint. BOLO for the email.
* MAC report will be sent out later this week. APS/MAC reimbursement for January service month was $562,765.65 and Standard Mac was $474,255.35.
* CQI tool survey-Sent Feb 28; we are seeking your feedback. If your agency didn’t have an opportunity to complete the survey, you can do so by the end of today. One response per county.
* A question was asked if there were any policies in development; Sarah responded that the governance team is working on CQI, etc. There are some APS improvement group is looking at some statutory changes, but nothing officially has put forward for the short session.
* New regional model; we’ll continue to meet with our counties. The CQI Survey is looking for feedback as it applies to the regional model.
* Can she speak a little bit about the new CQI question form for SA that was emailed out yesterday - form DSS-9000 SA- this is for the new listserv for the IMC staff.

• ***DMH: Lisa Jackson-unable to attend-information provided***

* **TP Readiness Re-reviews** (virtual) will be happening with the LME/MCOs beginning next week in preparation for readiness to go live as Tailored Plans on July 1, 2024. Each of the four LME/MCOs will have a two-day review with staff from DHB, DMHDDSUS, and Accenture. Reviews will wrap up on 3/22.
* The Department has released a draft of its [**2024-25 Olmstead Plan**](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fr20.rs6.net%2Ftn.jsp%3Ff%3D001RJY___QVY1CLj_zkE3YIUZ6OBcQa-YOU9sdCGTh8kjyLK1BxEXeJFJmrIc8Wl7Zq-6vlsxth2XGG5ceuY80XNoHGiMnzS1QZutSmv_9e426yxlsA-eA9N9kXMsP3WmrsYCq3eIIQpGgKY3wnrt2xxmuMYxE1G2jJzRSKMZEoU2J3e3b9G6G9Ocf2aY1M0Jc0Bod_TxbG23_-OUyPVakQEwReaAa4FZDUA6-NsZ1F31Q%3D%26c%3DIKYs0PKxkmDZZGeJF6wvOeYq4Auu3aj6mIGnkTICZcCZRh4P79vkbQ%3D%3D%26ch%3D3EViWmiEwKTpN6fjq4tvvrKAPltyls5NQLIA2Th9gzPHA3MZ8F9UHg%3D%3D&data=05%7C02%7Clisa.jackson%40dhhs.nc.gov%7C24c632982620405eff4c08dc37a55118%7C7a7681dcb9d0449a85c3ecc26cd7ed19%7C0%7C0%7C638446430403261501%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=ibZCcl8BllT26t%2FwFt0QfR5MvwzR3EzQhbOEUqSpYnQ%3D&reserved=0)designed to assist people with disabilities to reside in and experience the full benefit of inclusive communities. **The plan is open for public comment through March 7, 2024**. NCDHHS encourages all interested individuals and organizations to provide comment on the draft plan. The final, two-year plan will be published in April and implemented in calendar years 2024 and 2025. The 2024-25 Olmstead Plan will be attached to these update notes.
* NCDHHS launched a new **Statewide Peer Warmline** on Feb. 20 to give callers the option to speak with a Peer Support Specialist, people living in recovery with mental illness and/or substance use disorder who provide support to others who can benefit from their lived experience. People in need of assistance and wanting to speak with a peer can call the warmline at 1-855-PEERS NC (1-855-733-7762), and people who call 988 will have the option to connect with the Peer Warmline if they prefer to speak with a peer.

The statewide [Peer Warmline](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fr20.rs6.net%2Ftn.jsp%3Ff%3D001RJY___QVY1CLj_zkE3YIUZ6OBcQa-YOU9sdCGTh8kjyLK1BxEXeJFAMA51iWFtMEepyvFRfCD0_osOeIzIWbx2qTEbUIKy8ezyA0iqarUO-srgDpMZX1qHkxtcWpWk9AY67hy0uzPC7PIf1iHQuvqaGWQXWUoWtYsBOzwRY94g8By1-lLaciK2g7l-08eAs5SV2eAKF81j_t_YX5eRLPlNQd2pJ2q_bN5fRhTGCTVYLIv7YLMCLd6zAogFGyfWj6GEHyua7-uc1M6i9sTzvPsw%3D%3D%26c%3DIKYs0PKxkmDZZGeJF6wvOeYq4Auu3aj6mIGnkTICZcCZRh4P79vkbQ%3D%3D%26ch%3D3EViWmiEwKTpN6fjq4tvvrKAPltyls5NQLIA2Th9gzPHA3MZ8F9UHg%3D%3D&data=05%7C02%7Clisa.jackson%40dhhs.nc.gov%7C24c632982620405eff4c08dc37a55118%7C7a7681dcb9d0449a85c3ecc26cd7ed19%7C0%7C0%7C638446430403098129%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=eh6wgpmqBN7KWCeay1uxR3scT9NCbLjkKDWi4ocz7Fg%3D&reserved=0) is a phone line staffed by peer support specialists who offer non-clinical support and resources to those in crisis. Their unique expertise helps reduce stigma while strengthening overall engagement in care. Like the 988-line, North Carolina’s peer warmline is available 24 hours a day, 7 days a week.

Link for information about crisis services and the Peer Warmline: <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/crisis-services#StatewidePeerWarmline-5433>

* **NCDHHS Launches Community Partner Engagement Plan to Improve Health Outcomes:** The Department is launching a Community Partner Engagement Plan to ensure the voices of North Carolina communities and families continue to be at the center of the department’s work. This includes a [new website](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fr20.rs6.net%2Ftn.jsp%3Ff%3D001RJY___QVY1CLj_zkE3YIUZ6OBcQa-YOU9sdCGTh8kjyLK1BxEXeJFAMA51iWFtMEFqtJpkGXMfHo8sDQ1HCgQldLKsNKGXZdQ5jZkdFmkd-RBI2RlsZNl6AEAl-BRPfsmLJp98Jd_1K7X0YWqBUVWWVWdNmA-WUW_GAhSVEULHe7tDSBgZFYkZ3UqLNvi_r_3i9rtRjgf_hKNm6JiJzhJtEHzpvprzoaFgc76HJz4oI%3D%26c%3DIKYs0PKxkmDZZGeJF6wvOeYq4Auu3aj6mIGnkTICZcCZRh4P79vkbQ%3D%3D%26ch%3D3EViWmiEwKTpN6fjq4tvvrKAPltyls5NQLIA2Th9gzPHA3MZ8F9UHg%3D%3D&data=05%7C02%7Clisa.jackson%40dhhs.nc.gov%7C24c632982620405eff4c08dc37a55118%7C7a7681dcb9d0449a85c3ecc26cd7ed19%7C0%7C0%7C638446430403069432%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=TcmlLTwVg04UW9ZOVeyl3X4Dcep9IJ4j41aLAyT0VJY%3D&reserved=0) and improvements to internal processes for engaging community partners, as well as groups with lived experience, to make policy change that best serves the people of the state.

Link to website: <https://www.ncdhhs.gov/about/department-initiatives/community-and-partner-engagement>

**Questions and/or Comments-none**

**Next meeting April 10, 2024**