

# dhhs EmployeeUPDATE

**Our Mission: The Department of Health and Human Services, in collaboration with our partners, protects the health and safety of all North Carolinians and provides essential human services.**

A monthly publication for employees of the North Carolina Department of Health and Human Services

## 'FAST' only begins to describe new system



Anthony Vellucci, left, stands with a blend of managers and team leads and a few others who are involved in the NC FAST project. See key on Page 2. – Jim Jones Photo

North Carolina's herculean effort to convert 19 social services legacy programs and all their paperwork – forms and verifications – into a single digital application is streamlining a decades-old process under the name NC FAST.

North Carolina Families Accessing Services through Technology is a comprehensive, integrated case management system, being rolled out while development continues. It will ultimately save local DSS staff time and require clients to schedule only one appointment to tell their stories while a caseworker determines eligibility for services. It also includes multiple safeguards to eliminate opportunities for fraud.

"NC FAST represents a 21st century approach to the way local social service agencies work with clients," said Joe Cooper, DHHS chief information officer. "It is a transition to an almost paperless system that will ultimately allow consumers to log in from home and update their information."

The beginning of this revolutionary process at DHHS goes back to the mid-1990s, with the idea to establish a single point of entry and a single paper application for DSS customers that could consolidate the intake process for all potential benefits.

That idea has morphed into a full-scale digital model that is becoming the new standard for North Carolina and its citizens seeking services. NC FAST began in 2003 gathering requirements and completing prior projects. Development began in 2010, and has gained backing, speed and interest since then. As of March 17, the Food and Nutrition Services program is online in all counties. TANF and Medicaid will begin the transition in June with the launch of three pilot programs in Johnston, Orange and Chatham counties.

"North Carolina is the first state to wrap all 19 legacy systems into a single intake process," said Anthony Vellucci,

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director of NC FAST. “Other states are now visiting the NC FAST office to see first-hand how we are integrating so many systems into one streamlined process.”

This new technological solution eliminates long waits for clients, and for those with jobs, time away from work. A single caseworker can provide the intake services needed for all programs for which a client may be eligible. The client must present documentation only once for intake processing.

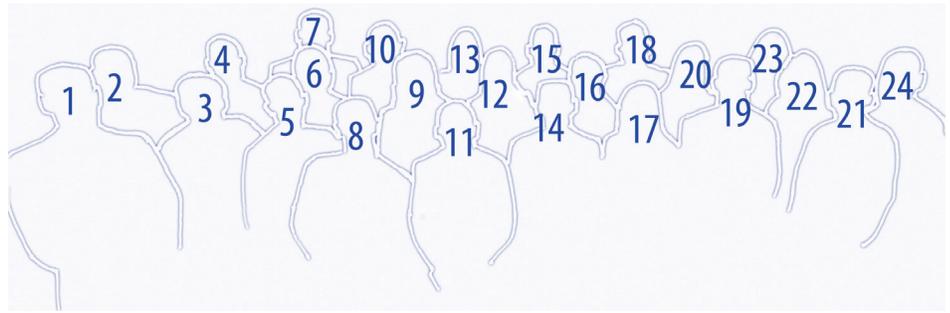
NC FAST also incorporates automated verifications through electronic records maintained by DMV, the Employment Security Commission, the IRS and the Social Security Administration, all in an instant, which speeds the application process and protects taxpayers from potential fraud.

“This process allows all applicants to be vetted. All their evidence of eligibility will be verified. Our system follows policy 100 percent,” Vellucci said from the NC FAST offices off Glenwood Avenue where color-coded charts taped to walls track progress of the multi-staged undertaking.

Last month DHHS Secretary Aldona Vos visited Johnston County DSS to get a look at how NC FAST has impacted services. Johnston, Guilford, Catawba and Carteret counties piloted the NC FAST Food and Nutrition Services program transition from paper to digital records starting last summer.

”The employees I spoke with said the transition was challenging at first, but after six months with the system, they have nothing but positive things to say about how NC FAST has changed the way they do their jobs,” said Secretary Vos.

NC FAST managers and team leads photo key from page 1



1-Anthony Vellucci, 2-Kevin Morgan, 3-Frank Struder, 4-Jeff Wimberley, 5-Brian Lancaster, 6-Rick Thompson, 7-Ed Fody, 8-Marvin Chaney, 9-Mary Cladinos, 10-Brian Cornell, 11-Satyra Pullakhandam, 12-Tessa Barnes, 13-Natalie Batten, 14-Varum Mehta, 15-Vernon Dixon, 16-Rhonda Bennett, 17-Bonnie Benson, 18-Gary Hemminger, 19-Travis Allen, 20-Tonya Prince, 21-Kurt Luchtman, 22-Melodee Stokes, 23-Tracey Duncan, 24-Jason Gilmore

Already, there are 5,500 caseworkers who log into the system to enter client data for an estimated 850,000 households receiving Food and Nutrition Services benefits. When TANF and Medicaid come online, the number of NC FAST users will jump to about 10,000 as about 1.6 million Medicaid clients are brought into the system.

NC FAST staff members provide all the software and interfacing, and training for local DSS caseworkers so they can become proficient in use of the system.

NC FAST is cost allocated across multiple federal agencies with Centers for Medicare & Medicaid Services (CMS) providing enhanced funding at 90 percent through 2015. ■

– Jim Jones, DHHS Public Affairs



Top: Secretary Vos, center, met March 14 with the executive leadership for the state DSS Director’s Association. At the table with her, left to right, are Jane Kimsey, Macon County; Melvia Batts, Nash County; Davis Atkinson, Carteret County; and John Eller, Catawba County. – Lori Walston Photo



Left: (left to right) Chief Information Officer Joe Cooper and Secretary Vos meet with Johnston County DSS Director Earl Marett and Sherry Bradsher, Director of the Division of Social Services –Julie Henry, Photo

# DHHS Welcomes New Leaders



Sholar

Adam Sholar joined DHHS in February as director of the DHHS Office of Intergovernmental Relations. A former law clerk for N.C. Supreme Court Associate Justice Paul M. Newby, Sholar is a graduate of Wake Forest University and a magna cum laude graduate of Campbell University's Norman Adrian Wiggins School of Law, where he was a teaching scholar and was business editor of the *Campbell Law Review*.

Since 2011 he has served the law school as an adjunct professor and student coach. Sholar also assisted Justice Newby in teaching State Constitutional Law and Current appellate Issues at the Campbell Law School and assisted in editing *The North Carolina State Constitution with History and Commentary* (2nd ed.). ■

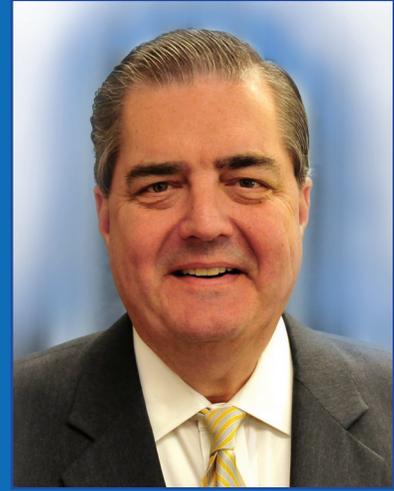


Cummings

Robin G. Cummings, M.D., FACC, FACS, is the new director of the Office of Rural Health and Community Care. Dr. Cummings is a native of North Carolina and a graduate of UNC Chapel Hill and the Duke University School of Medicine. He is board certified in General Surgery as well as Cardiothoracic Surgery and practiced medicine in Pinehurst until his retirement in 2004.

Since 2005, Dr. Cummings has served as chair of the N.C. Commission of Indian Affairs Health Committee. He is the founding chair of the N.C. American Indian Health Board. He also has served since 2008 on the N.C. Rural Center Board.

Until his appointment to DHHS, Dr. Cummings was the medical director and executive director for Community Care of the Sandhills. ■



Adams

Tom Adams, chief of staff, comes to DHHS with extensive high level management experience, having served as the chief executive of numerous professional associations across the country, including the Board of Certified Safety Professionals, the Association of Clinical Research Professionals and the American Society of Plastic Surgeons.

Adams' background in state and national governmental affairs includes advocating on behalf of the Medical Group Management Association, the State Medical Society of Wisconsin and the North Carolina Medical Society. He served as a member of the U.S. Department of Health and Human Services Secretary's Advisory Committee on Human Research Protections and was recognized as one of the 100 Most Powerful People in Health Care by *Modern Healthcare Magazine* in 2003.

He is a North Carolina native and graduate of Lenoir Rhyne University, where he also received an Honorary Doctor of Humane Letters. ■

# Secretary Was forms work group to protect residents when care homes suddenly close

Following the unexpected closings of three adult care facilities in late January, DHHS Secretary Aldona Was mobilized several elements of the Department to develop responses to protect vulnerable residents of homes that face potential closure.

The Secretary also reached out to county commissioners and district attorneys across the state to seek their help in developing effective measures that might be taken against facility owners/operators who place the health and safety of residents at risk.

Dennis Streets, director of the Division of Aging and Adult Services (DAAS), heads up the group which includes key leaders from the divisions of Mental Health/Developmental Disabilities/Substance Abuse Services, Health Service Regulation, Medical Assistance, DAAS, the Office of Public Affairs, the Office of Privacy and Security, the Attorney General's Office and the Department of Crime Control and Public Safety's Division of Emergency

Management. The group held its first meeting Jan. 30, and has been busy since then.

"There is so much going on that may affect licensed residential care facilities, that we want to be as responsive as possible in support of involved local agencies, responsible operators, and especially the residents themselves," Streets said.

Some residential care facilities are experiencing substantial changes that affect their funding sources, and thus, their operations that may impact their residents. Among these are reform of Medicaid Personal Care Services (PCS), the state's settlement with the U.S. Department of Justice on housing and supportive services for people with serious mental illness (SMI), and the determination of Institutions for Mental Disease (IMD).

In response to the potential effect of such changes, Streets noted the group is especially working to assure a coor-

dated response to any situation that would place the health and safety of residents at risk.

"Our responsibility is to act quickly and effectively to assist our local partners with such situations," he said. "We also must be better prepared in anticipating possible adverse situations involving residential care facilities."

The group – the Adult Residential Care Work Group – is well along with defining the respective roles of our various state agencies involved with family care homes, adult care homes, group homes for people with mental illness and developmental disabilities.

The group also is developing processes and tools for strengthening communications among our state agencies and with our local partners. The group has relied on the experiences of local agencies that have effectively assisted residents of facilities closed without much warning. While the group expects to complete its major tasks soon, there will be an ongoing need for the exchange of information and ideas. ■

– Jim Jones, DHHS Public Affairs

# DOJ settlement provides supportive housing option

A 2012 settlement between the N.C. Department of Health and Human Services and the United States Department of Justice (DOJ) has resulted in the state providing supportive housing opportunities for individuals with serious mental illness.

In the settlement, the state of North Carolina agreed to create a comprehensive plan to identify or create 3,000 “supportive housing” slots for individuals currently living in institutional settings who wanted to exercise their choice to live in a different place. The plan is known as Transitions to Community Living.



Keith

Jessica Keith, MA, was hired to oversee the effort for DHHS. Prior to coming to North Carolina last fall, Keith worked in several capacities in the mental health system in Pennsylvania, including state hospitals, and then assisting in the closure of hospitals and transitioning individuals into the community. She was also a member of the leadership team of the Office of Mental Health and Substance Abuse Services with

the responsibility of the development of more than \$100,000,000 worth of Permanent Supportive Housing.

“Our requirement this year is to place 100 individuals across the state in supportive housing by July,” Keith said. “This is a collaborative effort among numerous divisions in DHHS and our community partners. As of March 15, we have four individuals living in apartments through the settlement and have approved an additional 13 housing slots.”

The initiative will serve the following population groups:

- Individuals with a diagnosis of serious mental illness who reside in an adult care home determined by the state to be an Institution for Mental Disease (“IMD”);
- Individuals with a diagnosis of serious and persistent mental illness who are residing in adult care homes licensed for at least 50 beds and in which 25 percent or more of the resident population has a mental illness;
- Individuals with diagnosis of serious and persistent mental illness who are residing in adult care homes licensed for 20 to 49 beds and in which 40 percent or more of the resident population has a mental illness;
- Individuals with SPMI who are or will be discharged from a state psychiatric hospital who have either been in a state hospital more than 90 days or who have had three or more admissions in one year and who are homeless or have unstable housing; and
- Individuals diverted from entry into adult care homes pursuant to the Pre-Admission Screening And Resident Review process.

Find out more about Transitions to Community Living at [www.ncdhhs.gov/mhddsas/providers/dojsettlement/index.htm](http://www.ncdhhs.gov/mhddsas/providers/dojsettlement/index.htm). ■

– Julie Henry, DHHS Public Affairs

## Technology holds costs down

# Digital radiology system returns savings to DHHS

The Division of State Operated Healthcare Facilities has a new contract for X-ray services that uses digital technology to speed results.

As the contract approaches the conclusion of its first year, it is already returning savings to the division while delivering detailed interpretations of imagery more quickly to medical staff and for the care of patients in equipped state-run facilities.

The contract with UNC Healthcare for 24/7 teleradiology provides services to Central Regional Hospital and R.J. Blackley Alcohol and Drug Treatment Center, where nearly a year of service is approaching this month. Several other facilities have been added to the contract since last summer. Teleradiology is the transmission of radiological patient images, such as X-rays, from

one location to another for the purpose of sharing studies with other radiologists and physicians.

Susan Saik Peebles, MD, Medical Director of DSOHF, keeps track of the costs for the division and offered this observation: “I projected savings of \$150,000 per year, and we’re actually going to be saving more than that,” she said.

“This new service in collaboration with UNC Healthcare will improve the quality of care to our residents and patients,” said J. Luckey Welsch Jr., director for DSOHF.

“This contract provides a partnership that is mutually beneficial. It saves us – and ultimately the taxpayers – money. That’s a win-win in my book.”

The contract calls for bringing facilities online with servers – computer network equipment – provided by UNC Healthcare to hold and send the digital files for study. Central Regional Hospital went online last March. Last summer, Cherry Hospital and the O’Berry Neuro-Medical Center came online, followed by Broughton Hospital in November, Caswell Developmental Center in December, and Murdoch Developmental Center in March.

Until recently, radiology interpretations for patients and residents of state facilities operated by DHHS were provided through different contractors using films. The new contract brings a uniform service to most of the facilities with in-house X-ray capabilities. ■

– Jim Jones, DHHS Public Affairs

## VR video targets employer recruitment

“Part of our Team,” a new video by the N.C. Division of Vocational Rehabilitation Services, features interviews with employers and a former division consumer on their success after partnering with VR.

The agency provides services to people with disabilities to assist them with obtaining or maintaining employment. Last year VR helped 6,758 North Carolinians achieve successful employment outcomes. View the video at:

[www.youtube.com/user/ncdhhs](http://www.youtube.com/user/ncdhhs)

# March is Brain Injury Awareness Month

(upcoming events on page 8)

Governor Pat McCrory has declared March as Brain Injury Awareness Month in North Carolina. During 2010, there were 68,859 traumatic brain injuries reported to the N.C. Department of Health and Human Services' Traumatic Brain Injury Program. Health officials say that number may just be the tip of the iceberg.

According to Jim Jarrard, acting director of the DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services, there are many cases each year that go undiagnosed and, as a result, never receive treatment. Each year in the United States, 1.7 million people including 475,000 children will sustain a traumatic brain injury (TBI).

Traumatic brain injury is caused by a bump, blow, jolt or penetration to the head that disrupts the normal functions of the brain. In North Carolina, the leading cause of TBI is falls. Other causes include motor vehicle crashes, assaults, sports-related or occupational injuries.

It is estimated as many as 3.8 million concussions occur in the United States each year during competitive sports and recreational activities; however, as many as 50 percent of concussions may go unreported because a concussion, or mild brain injury, does not necessarily result in loss of consciousness.

Thirty percent of sports-related brain injuries happen among youth from 5 to 19 years old. Because the signs of brain injury are not always well recognized, youth may put themselves at risk for another injury.

Traumatic brain injury has also been the signature injury of the wars in Iraq and Afghanistan and is complicated by PTSD and suicide, presenting new challenges for members of the military and their families in North Carolina.

“An injury that happens in an instant can bring a lifetime of physical, cognitive and behavior challenges, said Janice White, Traumatic Brain Injury program coordinator with DMH/DD/SAS. “Early, equal and adequate access to care will greatly increase overall quality of life, and will enable individuals to return to their homes, school, work and communities.” ■

– Chris Pfitzer, DMH/DD/SAS



## How Do You Know If It's a Concussion?

Most people with a concussion recover quickly and fully. But for some people, symptoms can last for days, weeks, or longer. In general, recovery may be slower among older adults, young children, and teens. Those who have had a concussion in the past are also at risk of having another one and may find that it takes longer to recover if they have another concussion. Symptoms of concussion usually fall into four categories:

- Thinking/Remembering
- Feeling slowed down
- Difficulty remembering new information
- Physical Headache
- Physical Nausea or vomiting
- Physical Sensitivity to noise or light
- Physical Feeling tired, having no energy
- Irritability
- More emotional
- Sleep
- Sleeping less than usual
- Difficulty thinking clearly
- Difficulty concentrating
- Physical
- Physical Fuzzy or blurry vision
- Physical Dizziness
- Physical Balance problems
- Emotional/Mood
- Sadness
- Nervousness or anxiety
- Sleeping more than usual
- Trouble falling asleep

If you or someone you know might have a concussion or brain injury, seek the guidance of a health care professional. Additional information and resources are available online at: <http://www.ncdhhs.gov/mhddsas/services/TBI/>

## Upcoming events across the state to commemorate Brain Injury Awareness month include:

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### Walk & Roll-athons:

March 23, 2013 at Frank Liske Park

Registration: 9 am – 10 am

Fun Run 9:45 am / Walk & Roll-athon: 10:45 am

Vendors & Activities available: 9 am – 12 noon

Lunch will be served at 11:30

[https://bianc.memberclicks.net/index.php?option=com\\_mc&view=mc&mcid=72&eventId=376086&orgId=bianc](https://bianc.memberclicks.net/index.php?option=com_mc&view=mc&mcid=72&eventId=376086&orgId=bianc)"Concord

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April 13, 2013 at High Point City Lake Park

Registration: 8:30 am- 9:30 am

Walk & Roll-athon: 9:00-10:00 am

Vendors & Activities available: 9 am – 12 noon

Lunch will be served at 11:30

[https://bianc.memberclicks.net/index.php?option=com\\_mc&view=mc&mcid=72&eventId=376089&orgId=bianc](https://bianc.memberclicks.net/index.php?option=com_mc&view=mc&mcid=72&eventId=376089&orgId=bianc)"Triad

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April 13, 2013 at Carrier Park

Registration: 9 am – 10 am

Walk & Roll-athon: 10:30 am

Vendors & Activities available: 9 am – 12 noon

Lunch served 11:30

[https://bianc.memberclicks.net/index.php?option=com\\_mc&view=mc&mcid=72&eventId=376069&orgId=bianc](https://bianc.memberclicks.net/index.php?option=com_mc&view=mc&mcid=72&eventId=376069&orgId=bianc)"Asheville

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April 20, 2013 at Dorothea Dix Campus

Registration: 9 am – 10 am

Walk & Roll-athon: 10:30 am

Vendors & Activities available: 9 am – 12 noon

Lunch will be served at 11:30

[https://bianc.memberclicks.net/index.php?option=com\\_mc&view=mc&mcid=72&eventId=376088&orgId=bianc](https://bianc.memberclicks.net/index.php?option=com_mc&view=mc&mcid=72&eventId=376088&orgId=bianc)"Raleigh:

# Three DHHS neuro-medical treatment centers top-rated

For the third consecutive year, all three neuro-medical treatment centers operated by the Department of Health and Human Services have earned the highest possible ratings in North Carolina and in the United States, says U.S. News and World Report.

The ratings are compiled by the news organization from scores posted online by the Centers for Medicare and Medicaid (CMS), on its “**Nursing Home Compare Search**” Nursing Home Compare website, which provides star ratings for nursing homes. Top score is five stars.

Black Mountain, Longleaf and O’Berry Neuro-Medical Treatment Centers all received five-star ratings. They are specialized long-term care facilities, serving people whose needs cannot be met in traditional nursing homes.

If you visit any of these facilities, you will quickly see that meeting regulations is the least that they do toward enhancing the quality of life for their residents. From Main Street at Longleaf, a side stop for Sweet Treats at O’Berry and a special vacation cottage nestled away in Black Mountain, life quality is a top priority and guardian/family satisfaction is near 98 percent.

Around every corner, in every department, on each unit, wing and group home are the DHHS employees who make these facilities what they are. They are dedicated, compassionate and skilled employees who treat the residents how they would want to be treated. ■

– Lisa Moon,  
Division of State Operated  
Healthcare Facilities



Longleaf Neuro-Medical Treatment Center

Black Mountain Neuro-Medical Treatment Center

O’Berry Neuro-Medical Treatment Center



# Information Security is Your Responsibility

As state employees, it is our responsibility to protect not only the individuals we serve from harm by releasing medical or identifying information, but also to protect the department from unnecessary expense caused by fines we may pay for avoidable breaches in privacy and security. Who bears the burden for these fines? The taxpayers of our state. Here are some tips for protecting the data entrusted to us by the citizens of North Carolina:

- **Share files and information only with authorized personnel.**
- **Do not gossip or talk with others about confidential information entrusted to you.**
- **Protect the data entrusted to DHHS as if it were your own.**
- **Before handing data over to someone ask yourself, would you give this person the data they are asking for it if were yours? If the answer is no, don't share it.**
- **Lock your computer screen (Ctrl+Alt+Delete) when leaving your desk or workstation.**

**Do you have questions? Please contact the DHHS Privacy and Security Office at 919-855-3090. ■**

– Pyreddy Reddy, Chief DHHS Office of Privacy and Security

## All government agencies told to hold the line on spending

Times are tight, financially, and a memorandum from Gov. Pat McCrory earlier this month sets out new restrictions on state spending.

The memo spells out measures each state department and agency is expected to implement while maintaining responsibilities to protect the care, safety and direct services to people of North Carolina.

### Here are the measures in effect:

- Most salary increases, such as career banding and in-range adjustments, should be discontinued. Limit compensation increases to only those needed for promotions and reclassifications where there is clear documentation of increased responsibilities and the expectation that agency accountability and performance will be improved.
- Limit purchases for goods and services to the minimum amounts and inventories required. Cancel unnecessary purchases.
- Reduce administrative spending (such as travel and administrative personnel costs), evaluate all contracts (for profit, non-profit and those with universities) and other allocations.
- Maximize and accelerate the collection of all revenues available and due to the agency (excluding any measures that defer to or create a future fiscal year liability). ■

# ACCOLADES



**Rebecca Parks**, Burlington Vocational Rehabilitation unit manager, received recognition Feb. 28 from Triad Business Journal as one of the area's "40 under 40," a recognition of the region's most accomplished young

professionals who are proven performers in both their field and their community.

Parks started with VR in 1997 as a mental health substance abuse counselor in the Burlington unit. She moved to assistant unit manager in Greensboro in 2006 and returned to Burlington as the unit manager in February 2012.

The award recognizes young leaders who are driving success for their employers and empowering their respective communities by giving of their time and talents.



**Shelby Kennerly**, an assistive technology consultant in Morganton, received the Honors of the Association award recently from the North Carolina Augmentative Communication Association. It is the highest award

presented by the association. Kennerly works in the Assistive Technology section of the Division of Vocational Rehabilitation Services.

**If you or someone you work with has received special recognition, let us hear about it. We need details of the recognition, and how to reach the employee and the recognizing organization. Send to [Jim.Jones@dhhs.nc.gov](mailto:Jim.Jones@dhhs.nc.gov).**