



State Consumer & Family Advisory Committee Meeting (SCFAC)
MEETING MINUTES

Date: Wednesday, April 13, 2016 **Time:** 9:00 a.m. – 3:00 p.m. **Location:** Healing Transitions

MEETING CALLED BY			Kurtis Taylor		
TYPE OF MEETING			State Consumer and Family Advisory Committee (SCFAC) Meeting		
ATTENDEES					
COMMITTEE MEMBERS			STATE STAFF ATTENDEES		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Kurtis Taylor	Chair	<input checked="" type="checkbox"/>	Stacey Harward	CE&E Team	<input checked="" type="checkbox"/>
Ben Coggins	Vice chair	<input checked="" type="checkbox"/>	Eric Fox	CE&E Team	<input checked="" type="checkbox"/>
Nancy Carey		<input checked="" type="checkbox"/>	CJ Lewis	CE&E team	<input checked="" type="checkbox"/>
Mark Long		<input checked="" type="checkbox"/>	Suzanne Thompson	Supervisor for CE&E Team	<input checked="" type="checkbox"/>
Anna Cunningham		<input checked="" type="checkbox"/>	Ken Schuesselin		<input checked="" type="checkbox"/>
Bonnie Foster		<input checked="" type="checkbox"/>			
Mike Martin		<input checked="" type="checkbox"/>	Courtney Cantrell, PhD		<input checked="" type="checkbox"/>
Doug Wright		<input checked="" type="checkbox"/>	Dawn Johnson		<input checked="" type="checkbox"/>
Dennis Parnell		<i>Excused</i>	Renee Rader		<input checked="" type="checkbox"/>
LaVern Oxendine		<input checked="" type="checkbox"/>	Secretary Rick Brajer		<input checked="" type="checkbox"/>
Marie Britt		<input checked="" type="checkbox"/>	GUEST		
Bev Stone		<input checked="" type="checkbox"/>	NAME	AFFILIATION	
Ron Rau		<input checked="" type="checkbox"/>	Bob Carey	Family	
Brandon Tankersley		<input checked="" type="checkbox"/>	Dave Hughes	Family	
Catreta Flowers		<input checked="" type="checkbox"/>	Martha Brock	Consumer	
John Duncan		<input checked="" type="checkbox"/>	Joe Macri	Family	
Deborah Page		<input checked="" type="checkbox"/>	Louise Fisher		
Johnny Johnson		<i>Excused</i>			
Wayne Petteway		<input checked="" type="checkbox"/>			
Patty Schaeffer		<input checked="" type="checkbox"/>			
Benita Purcell		<input checked="" type="checkbox"/>			

1. Agenda topic: Welcome

Presenter(s): Kurtis Taylor

Discussion	<ul style="list-style-type: none"> Opening of the meeting. 		
Conclusions			
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> Welcome Housekeeping items Approval of agenda – Bev Stone motioned that it be accepted, Ron Rau seconded the motion. Approved through consensus. 			

2. Agenda topic: CEO of Smoky Mountain Center

Presenter(s): Brian Ingraham

Discussion	<ul style="list-style-type: none"> Brief overview of the Smoky Mountain Center (SMC) LME/MCO and future plans.
Conclusions	<ul style="list-style-type: none"> Discussion on mergers and the challenges that will occur with them. Importance of having employees that have lived experience working for SMC. Presentation to the DWAC committee earlier in the week (presentation on SMC web page) on the LME/MCO Fund Balance presented by Brian Ingraham and Leza Wainwright. Presented to the chairs and co-chairs of the legislative oversight committee.

	<ul style="list-style-type: none"> • Carolina Health Tech Live – Friday, May 27th very excited about this in-service we hope that many can come to this – some very exciting new technology that will be discussed for the I/DD population and for everyone else that needs some assistance. • SMC has spent \$100,000 to purchase Naloxone – since the purchase there have been 5 reversals in one month. This investment is saving lives. • History of the Waiver 1915(B) (C) – every state saved money through Managed Care – Save Money or predictability. • SMC provided a report concerning their reinvestment “the Original Promise” (found on the SMC Web site) the reinvestment plan was/is in the statute – SMC has accomplished this as quickly as possible. • State Funds: General Assembly has authority over \$78M that remains from area program days. • Medicaid Money CMS cannot be touched -- \$110 Mil single stream cut in the 1st year / \$153M cut is slated for year 2. • \$836M 60-70% is “baked in” (mandatory use and locked up) • 2%denial rate, 2/3 of these are for intensive in-home since individuals had not been exposed to a lower level of care initially. • Smoky Mountain’s reinvestment plan (document provided can be found on the SMC web site) took 5 years in developing their crisis management facility. • Secretary Brajer – Stated that he has high regards for Brian Ingraham – advised the committee to dispel myths – Get the word out to the Legislators – hold the LME/MCOs accountable for spending their money appropriately – public stewards of public funds. • Brian Ingraham stated that hospitals are needed but a true continuum of care with options is also needed. • Nancy Carey – Western Highlands is gone: the old LME was not transparent to their staff and or consumers and the consumers and staff were too trusting. • People need to go to training and learn how to do their job properly – Board members need to have appropriate training. • Counties across the state vary greatly with what they offer with regards to MH/DD/SA services. 						
Action Items	<table border="1"> <thead> <tr> <th data-bbox="1040 1003 1365 1035">Person(s) Responsible</th> <th data-bbox="1365 1003 1568 1035">Deadline</th> </tr> </thead> <tbody> <tr> <td data-bbox="1040 1035 1365 1077">Advocacy to stop the \$153M in cuts for year 2</td> <td data-bbox="1365 1035 1568 1077">State CFAC</td> </tr> <tr> <td></td> <td data-bbox="1365 1035 1568 1077">5/11/16</td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	Advocacy to stop the \$153M in cuts for year 2	State CFAC		5/11/16
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3. Agenda topic: Secretary Brajer & Courtney Cantrell and Presenter(s): Secretary Brajer & Courtney Cantrell

Discussion	<ul style="list-style-type: none"> • Secretary Brajer – stated that he was there to listen. • Feels that the time spent with the State CFAC is highly valued.
Conclusions	<p>Governors Announcement:</p> <ul style="list-style-type: none"> • \$30 mil investment to MH/DD/SAS has been proposed. • \$13 mil. Has been earmarked for Case management for Adult and Child care (Foster care and Juvenile justice. • Opioid Treatment - \$9 mil. / would like to integrate it into primary care doctors • \$5mil to Recovery courts. • \$3mil to Emergency housing. • 250 new Innovations slots will be coming. • Anna Cunningham – The per capita rate are different in different geographic areas – Jessica Keith – TCLI is working with communities on this. In the Southern Trillium area the need for assistance for homeless vets needs better coordination of services. • Kurtis Taylor – 4 LME/MCOs is the plan with the changes the current legislation that covers the boards of LME/MCOs will not mandate the inclusion of CFAC members – we would like to see that CFAC and the presence of CFAC members remain on the board and at the table. It needs to be written into any new legislation, contracts, service agreements, state plan • Ben Coggins – with the different time frames that each merger has these changes need to take place before July 1 so that the first merger CenterPoint and Cardinal will be covered. • Marie Britt – 1115 Waiver – Medicaid reform waiver. Eligibility and cross county – portability of their policies – Medicaid concerns – 6 regions (physical health) 4 LME/MCOs (behavioral health) regions will be larger in some cases this might be a good thing but it might also cause increased issues. • Anna Cunningham – There are so many new technologies out there and we need to push them and encourage consumers to utilize them.

	<ul style="list-style-type: none"> Secretary Brajer – Stated that the Medicaid Reform site is on the website and welcomed everyone to comment on the waiver. Ron Rau – Waiver is a 69 page document. Integrating health care into the system is a good thing, one-stop shopping for both behavioral and Physical care. There is a huge need for dental care – approximately 85% need dental care, It appears that politics drove it out of being covered – there are not many voices that are speaking up to get dental care covered. Bonnie Foster –There appears to be a lot of waste in the Medicaid System, which is costing the State a lot of money. At this time patients must return to their Primary Care Provider (PCP) numerous times to obtain "separate referrals" for each type of medical treatment and/or services verses all referrals made at the time of seeking medical treatment of medical condition(s). For example, a patient with Neurofibromatosis, must return several times to the Primary Care Provider for referrals verses on that visit the PCP making recommendations and referrals at one time. It is taxing on the patient to have to return repeatedly to the PCP. The Primary Care Provider is making money on the patient by having them to return for each referral. Also, Medicaid is paying for costly medical procedures; however, not paying for the therapy, postoperative care, medical devices, casts, and/or other needed services and/or equipment needed for the patient to recover. This is a waste. Nancy Carey – She feels that there is a large gap in Human rights rules – Human Rights training needs to be provided, when complaints occur they should have their final appeal be by an independent source, not the LME/MCOs. Death rates may fall if human rights is bolstered, death needs rationale ASAP to be provided to the Human Rights committee. Secretary Brajer – Stated that they waiver was really drafted by the people of NC – we have 4 more listening sessions – Wilmington, Pembroke, Elizabeth City, Greenville – comments will be recorded. Mark Long – Value of Art in the recovery process – it is something that peer support specialists already know how to do, not all of the peer support specialists have this ability but many do. It is a way to help those in find that quiet place where they can focus on something different while they work on their recovery. Secretary Brajer – Advised Mark to email him with this idea. Brandon T. – Is there going to be one health information exchange? Yes Deb P. – There should be accountability built into the waiver.
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Action Items	Person(s) Responsible	Deadline

4. Agenda topic: Public Comments **Presenter(s): 4 members from the public**

Discussion	<ul style="list-style-type: none"> Bob Carey – Wrote and sent a letter to the Legislative Oversight Committee – discussed in the letter the need to accept the Medicaid expansion. Martha Brock – Update on the Dorothea Dix Park, has a meeting scheduled with the city planner to discuss the architectural model. 1.5 hour tours will start in late April, there will be a historical part to the park also, human rights needs to be integrated into the state plan, CFACs are in the statue this needs to be updated and added in to the state plan. Joe Macri – Father of a 20 year old son who has autism – at this time they are not receiving any type of service in Southwestern Wake County- the father is desperate – notified Glenda Stokes of issues. Louise Fisher – Lack of accountability, EMR (educable mentally retarded) has changed to autism, I/DD population is hurting. First come first served does not take into account the level of need. 	
Conclusions		
Action Items	Person(s) Responsible	Deadline

5. Agenda topic: State Plan review **Presenter(s): Dawn Johnson / Lisa Haire**

Discussion	<ul style="list-style-type: none"> Revision of the State plan was reviewed with the State CFAC. This is just the core but is very different then the first one that was presented to you.
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	<ul style="list-style-type: none"> • 1115 waiver proposed and is out for public comment, • Governor’s task groups and State plan will be merged into one strategic plan – to help with outputs to become outcomes. • Vets issues and cultural competency to be inserted – define it, assure it is reflected in service delivery, specific initiatives, recovery oriented system of care. • LaVern O. – Active duty military are not included in the service definitions, please include them. • Kurtis T. – Maintain the local presence in CFAC, State plan should specify this, funding for local CFAC might need to run it through the Division this might assure quality and consistency with standardization. • Bev Stone – Local and State CFAC vary as do the LME/MCO’s level of investment / time to talk about it is now. • Add language with in the contracts requirement to include CFAC’s existence. • Nancy Carey – Add in human rights into the state plan. • Anna Cunningham – Add in dental service to the State Plan and also address the \$30mil from the Governor. 				
Conclusions					
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<ul style="list-style-type: none"> • State plan time frame – End of April for draft. • July 1 2016 State Plan should be started and will be in effect for the next 3 years. 					

6. Agenda topic: Approval of Minutes

Presenter(s): Kurtis Taylor

Discussion	<ul style="list-style-type: none"> • Min approved both State CFAC minutes and State to local Conference call minutes. 				
Conclusions					
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<ul style="list-style-type: none"> • Doug Wright – Motioned for the approval of min. Bev Stone 2nd. SCFAC minutes. • Anna Cunningham – Motioned for the approval of conference call minutes Ron Rau 2nd – Both sets of minutes were unanimously approved. 					

7. Agenda topic: DMA (Division of Medical Assistance) update

Presenter(s): Renee Rader

Discussion	<ul style="list-style-type: none"> • Answered the 8 questions that had been asked prior. 				
Conclusions	<ul style="list-style-type: none"> • Care coordination – Administrative function only – Community Guide intended to fill the gap. This will be called Community Navigator going forward and is solely for the I/DD population. • Added Care Coordination question to Annual consumer questionnaire survey. • Follow-up with those no longer getting TCM – 3 years ago – have access to Community Guide some do not get Care Coordination if they do not meet criteria, no current Data on Community Guide – does appear to be greatly underutilized. • Innovations went to Care Coordination - there are thresholds in the LME/MCO’s contracts for Care Coordination. • No Maximum hours for Community Guide must be reviewed for medical necessity. • How to seek services via Care coordination and Community Guide – Go to your LME /MCO and discuss with them, each one might be a little different. • Care Coordination does exist for MH& SA consumers there is criteria set in the LME/MCO contract. • Care Coordination is not a services it is an administrative function. <ul style="list-style-type: none"> ✓ Suboxone / new DMA has a draft clinical Policy in review now soon to be submitted for public Posting. ✓ Medicaid Policy for Psychological testing needs to be coordinated with an outside organization. ✓ June – Trillium to start outside independent organization review – contract to go outside of state. ✓ All annual Gaps and Needs assessments completed by LME/MCOs have been submitted. Providers continue to have 30 minutes / 30 miles rule and a choice of 2 providers at a minimum. 				
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8. Agenda topic: Nomination Committee

Presenter(s): Doug Wright

Discussion	<ul style="list-style-type: none"> The committee has met and will present slates of nominations to the May meeting. 		
Conclusions			
Action Items	Person(s) Responsible	Deadline	

Statewide CFAC Collaborative meeting will be in Asheville on Friday, April 22nd.

Meeting Adjourned: 2:55 p.m.

Next Meeting: Wednesday, May 11, 2016 – Brown Building on Dix campus.