



**State Consumer and Family Advisory Committee**  
**MEETING MINUTES**

**Date:** 2-14-2018      **Time:** 8:30AM- 3:00PM      **Location:** Ashby Building

<b>MEETING CALLED BY</b>			Ben Coggins		
<b>TYPE OF MEETING</b>			SCFAC		
<b>ATTENDEES</b>					
<b>COMMITTEE MEMBERS</b>			<b>STATE STAFF ATTENDEES</b>		
<b>NAME</b>	<b>AFFILIATION</b>	<b>PRESENT</b>	<b>NAME</b>	<b>AFFILIATION</b>	<b>PRESENT</b>
Ben Coggins	Chair – Partners	<input checked="" type="checkbox"/>	Brandon Rollings	DMH	<input checked="" type="checkbox"/>
Benita Purcell	Vice Chair – Cardinal	<input checked="" type="checkbox"/>	David Ingram		<input checked="" type="checkbox"/>
Martha Brock	Alliance	Phone	Karen Feasel	DMH	<input checked="" type="checkbox"/>
George Bridges	Excused	<input type="checkbox"/>	CJ Lewis	CE&E Team	x
Kenneth Brown	Excused	<input type="checkbox"/>	Suzanne Thompson	CE&E Team supervisor	x
John Duncan	Cardinal	<input checked="" type="checkbox"/>	Ken Schuesselin	Consumer Policy Advisor	x
Jonathan Ellis	Trillium	<input checked="" type="checkbox"/>	Stacey Harward	DMH	
Catreta Flowers	Trillium	Phone			
Bonnie Foster	Excused	<input type="checkbox"/>			
Mark Fuhrman	Excused	<input type="checkbox"/>			
Rita Linger	Excused	<input type="checkbox"/>			
			<b>GUEST(S)</b>		
Pat McGinnis	Vaya	Phone	<b>NAME</b>	<b>AFFILIATION</b>	
Deborah Page	Excused	Phone	Deborah Hendren	Cardinal	
Wayne Petteway	Trillium	<input checked="" type="checkbox"/>	Ryan Rhodes		
Ron Rau	Excused	Phone	Bob Crayton	Cardinal	
Lori Richardson	Sandhills	<input checked="" type="checkbox"/>	Jean Anderson	Cardinal	
Patty Schaeffer	Partners	<input type="checkbox"/>	Doug Wright	Alliance	
Beverly Stone	Trillium	<input checked="" type="checkbox"/>	Pam Perry		
Brandon Tankersley	Alliance	<input checked="" type="checkbox"/>	Whitney Robertson	Cardinal	
Kurtis Taylor	Excused -	<input type="checkbox"/>	Beverly Corpening	Cardinal (via phone)	

**1. Agenda topic:** Welcome

**Presenter(s):** Ben Coggins

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Meeting was called to order at 8:38AM.</li> <li>• Reviewed agenda.</li> <li>• Group is reviewing minutes but cannot vote until a quorum is available.</li> <li>• Benita received a call from Johnny Johnson from Trillium who wanted to know what SCFAC was doing. Benita explained the Advocacy Day event and letters to state secretary. He requested any approved letters be sent to the Local CFAC so they know what is occurring and that they may provide input. The letters and information is sent out to the local from the state. Pat stated that there are times that certain regions don't receive SCFAC information and a better job needs to be done in welcoming and including consumers. Pat included a situation where she felt a regional group took the power/voice of a consumer by allowing them to be a member, but took away her vote to count. Pat feels the CFAC needs to be more inclusive. Benita asked what SCFAC can do to insure their work gets down to the local groups. Wayne indicated that they get more information than is needed, everyone gets busy, and the ball is dropped.</li> <li>• Brandon suggested that the local CFAC increase their efforts to provide and connect with the State CFAC.</li> <li>• Ben indicated that the state-to-local call should be utilized more effectively between the state and local groups. All local CFACs are not represented on the SCFAC. Martha stated that it is a two-way street between the state and local</li> </ul>
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	groups. Suzanne has offered to see if letters can be added to the SCFAC web page.						
<b>Conclusions</b>	•						
<b>Action Items</b>	<table border="1"> <thead> <tr> <th></th> <th><b>Person(s) Responsible</b></th> <th><b>Deadline</b></th> </tr> </thead> <tbody> <tr> <td>○ In the future any letters that the SCFC send out they should be sent to the Local CFAC's</td> <td>Stacey Harward &amp; Tammy Baity</td> <td>On going</td> </tr> </tbody> </table>		<b>Person(s) Responsible</b>	<b>Deadline</b>	○ In the future any letters that the SCFC send out they should be sent to the Local CFAC's	Stacey Harward & Tammy Baity	On going
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**2. Agenda topic: Committee updates**

**Presenter(s):** Committee chairs

<b>Discussion</b>	<p>Committee Reports, 8:54am:</p> <ul style="list-style-type: none"> <li>Wayne P. (Veterans Committee) indicated that they are working on identifying service gaps for those dishonorably discharged and bad conduct. In the process of looking at the procedures in the 160 days for veterans and family members. Wayne stated that Ron R. is a guru of finding the information and working together. Peer support training for veterans in the Onslow County clinic, and Greensboro for veteran care other than surgery. Services offered with transitional and maintenance plans for veteran's opioid treatment.</li> <li>Brandon T: Difficulty getting members to join his committee. Doug W. was on his committee, but has termed off. Kurtis T. is preparing to roll off SCFAC in June. Group will work to get Brandon members for his committee. Committee is in transition.</li> <li>Martha B.: The Advocacy Day. Martha B. stated she attempts to keep <i>Martha the person</i> separate from <i>Martha the SCFAC member</i>. She indicated that people are unsure of what SCFAC is or its responsibility. She believes state and local members should be contacting their local representatives, and indicated that an advocacy day of setting appointments and speaking with their representatives can be more effective than just a rally. A long-term plan is needed if LME/MCOs are not present in the future. Benita P. spoke with a local representative who stated he would recognize the group and allow them to speak at possibly a May meeting (Legislative Oversight Committee) addressing concerns about 122c changing and/or going away. Potentially, the second Tuesday in May (the 8<sup>th</sup>).</li> <li>Ben C.: Local-to-state conference call. He is encouraging others to be involved and have time during comment period.</li> <li>Benita reported that Nicole Barnes has resigned/stepped down. Local CFAC was recommended for her.</li> </ul>		
<b>Conclusions</b>	•		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
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**3. Agenda topic: Community Engagement & Empowerment Survey Results Presenter(s): Brandon Rollings & Karen Feasel**

<b>Discussion</b>	<p>9:14am - Brandon R. and Karen F.: Community Engagement and Empowerment Survey results. Presentation and data available for review. Brandon T. indicated many people want to be leaders, and also that information and trainings need to be more accessible to others. John D. asked what support from community means. Brandon R. stated this feedback is taken and needs to be clarified/broken down. Brandon T. stated there needs to be additional ways to get information out to the community; radio, DHHS, other avenues, etc. Bev. S. stated she has a group that could participate in the survey. Team will discuss when next survey will come out and suggest that those groups participate in the survey. Wayne P. wants to know if</p>
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	<ul style="list-style-type: none"> <li>• Lisa H. stated there were concern about penalties and they want to focus on quality of services. Amendments and change requests are coming in and Lisa would like CFACs input by March as well</li> </ul>				
<b>Conclusions</b>	•				
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**5. Agenda topic: DMH Update**

**Presenter(s): Lisa Haire**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Opioid action plan,</li> <li>• CSRS (Controlled Substance Response System),</li> <li>• a database to allow prescribers to see what individuals are receiving.</li> <li>• Law enforcement is not attached and not intended to interfere with an individual's treatment.</li> <li>• NC is looking for other states to participate. So far there are 42 states. Two-way sharing that is legal with HIPPA due to it being for the patient health and wellbeing. If the state automatically shares with law enforcement then a conversation needs to occur prior. Currently there are 12 states in a sharing agreement. Georgia may be next. VA, SC, KY, TN, WV and FL are in talks. It will include class 5 medications.</li> <li>• Streamlined communication between facilities (hospitals, etc.) to cut out faxing and manual searching for finding a bed.</li> <li>• Alliance, Trillium, and Eastpointe all under-performed in spending their single stream funding (50% rate) in 3 months.</li> <li>• Benita P. asked if DMH looks at denials and request for services.</li> <li>• Martha B. asked if they missed 3 months in a row, then what are they doing. Lisa reported to the legislature, to follow up with concerns. Lisa stated explanations were given and showed that groups would meet or exceed expectations.</li> <li>• Martha B. indicated that an article indicated that a discrepancy was set about the use of funding. Lisa will follow up.</li> <li>• The LME/MCO received more money from the federal CURS so it's taking them longer to spend it down. Essential federal dollars should be spent first (tier payments).</li> <li>• Bev S. stated people in their area are not receiving services. Lisa H. will follow up.</li> <li>• Wayne stated that Beaufort County is going through providers. Gaps and needs analysis will look different this year. How can it be streamlined? Includes that county commissioners and local SCFAC be included.</li> <li>• Jonathan E. stated that Trillium is requiring additional information on top of the state's requirements.</li> <li>• Martha B. asked if decision makers at the legislature see the results of the gaps and needs. Lisa indicated that the results are made available to them.</li> <li>• What is appropriate for an emergency crisis facility? So many requirements drive up the costs. Does it cost that much to make it look as an ER (crisis and assessment center)? Lisa stated they are working with Alliance on a pilot model for an ER crisis center for continuum of need that can be used state wide. Funding is coming from reinvestment dollars.</li> </ul>
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	<ul style="list-style-type: none"> <li>MHFA funding was ended due to MHFA not being allocated from MH Block grant any further. The requested funding would be used to offer books and material and not necessarily train new trainers.</li> <li>Pat M. has concerns about the difference between MH services for those with Medicaid versus Medicare.</li> </ul>
<b>Conclusions</b>	
<b>Action Items</b>	
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**6. Agenda topic: DMA update**

**Presenter(s): Renee Rader**

<b>Discussion</b>	<p>1pm - Renee Rader</p> <ul style="list-style-type: none"> <li>Lajae P. and Greg D. (need last names) reported last meeting.</li> <li>Renee reported that the CHIP program has been approved for another 6 years.</li> <li>DMA has had some staff changes in the past year. Monica Hamlin has left DMA as well as Kelcie. External quality management person has been hired to review state quality strategy. Renee's position is posted currently as she has changed positions (Business Analyst).</li> <li>State planned amendment (Autism Service) was approved by CMS.</li> <li>EPSDT has always provided services for youth in this category, but now it is in the plan. Research based autism treatment. (ABA services). Renee will provide the age limit at another meeting or provide the I/DD specialist.</li> <li>John D. wants to know how the hand off is between childhood to adulthood?</li> <li>TBO waiver is sitting at CMS currently. Waiting on approval or denial.</li> <li>Brandon T. has requested contact information for someone to speak with at CMS.</li> <li>The Managed Care Waiver, 1915 b, is still being processed. Listening sessions were completed in November; a tenacity support type service for individuals living independently. With Medicaid, only one provider can bill at that time.</li> <li>Looking at a service where a primary doctor and psychiatrist can bill at the same time if needed.</li> <li>External quality review process has just been completed; the process on monitoring that the federal government requires. Someone from the outside comes in and does an impartial review annually. Financials, charts, etc. are done. The external reviewer will put together a report for others to review. There are concerns about IT transference of information. According to new federal regulations, those reports will now be placed on states website. Some of the prior reports are still in draft form.</li> <li>DMA, DMH and the Controller's office do a monitoring of the LME/MCOs quarterly.</li> <li>DWAC has been rescheduled, but the exact time is not known.</li> </ul>		
<b>Conclusions</b>	•		
<b>Action Items</b>		<b>Person(s) Responsible</b>	<b>Deadline</b>
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**7. Agenda topic: QM update**

**Presenter(s): Jennifer Bowman**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>The bed registry is live. Facilities can go in and enter their information so that information can be shared. This is so referrals can be made across the system. Expected date of running is March 19.</li> <li>ER will be able to search the system and find a bed. Currently, people are going through a process that is time consuming. The system will alert to availability.</li> <li>The DHHS has feedback for the gaps and needs analysis on which SCFAC also provided comments and suggestions. The plan is to give an update yearly on the analysis.</li> <li>Looking to have the program manager for the bed registry come talk at next meeting.</li> <li>Looking for a sub-committee to work with her to look at performance measures and standards.</li> <li>An ad hoc committee is in talks. This is a statutory requirement. Johnathan, John, Wayne, Bev, and Brandon have tentatively agreed to be a committee assisting Jennifer Bowman. Pat would like to be involved with the committee.</li> <li>John D. and group wants to know why this particular plan for Medicaid. This question will be more for Dave R. Jennifer stated that there are other states that have gone this route. Ben C. asked why Mercer was taken out of the loop. Renee stated the Mercer reviews were needed initially to get the LME/MCO up to speed early on but Mercer was expensive.</li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li></li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li></li> </ul>			

**8. Agenda topic:**

**Presenter(s): Dave Richard**

<ul style="list-style-type: none"> <li><b>Discussion</b></li> </ul>	<p>Questions: (attachment)</p> <ol style="list-style-type: none"> <li>There's a line in the white papers that discusses the advisory group for Medicaid (Medical Care Advisory Committee). Not many people knew what it was. Because it is federally required, they have been expanding its role so it could be utilized and not just a requirement mark. As transformation is occurring, it is a place people can go to for information and to submit information. Did not intend to replace any other advisory committees. There are no plans that elude to CFAC not existing, but the name could change in order to fit. One consumer on the MCAT to date.</li> <li>According to Benita P., Martha was informed by an email from Representative Donny Lambeth, that there was no planning for local CFACs. CFAC. Dave did not state that, but indicated that with tailored plans and standard plans, CFAC would, at the moment, exist under tailored plans. CFAC may not be a part of the commercial plans. The goal is still to have CFAC-advised behavioral health. LME/MCO would continue to exist with a partner health plan to support the physical health services for 5 years after it goes live (July 2019). After that period, they could bid to continue their work. As of the week prior, as of July of 2023, the LME/MCO does not exist. The senate and house are not in agreement. Things are still uncertain. No reporters or public allowed at the legislative conference committee. Martha read the update from the county commissioners and got emails from Donny Lambert stating what replaces local CFACs if its written in statute. Wants to know where the advisory committee for the consumer and family voice fit in.</li> </ol>		
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	<ol style="list-style-type: none"> <li>3. One-hundred, forty-thousand people would be in the tailored plans. The idea is based on the entire Medicaid population in their catchment area.</li> <li>4. The state has no say in stopping a hospital from merging. Feds hold people accountable. The state can hold themselves accountable, DHSR, Medicaid, the LME/MCO - multiple parts of the department.</li> <li>5. There are not enough state dollars for those without Medicaid. Most people who receive state funding for MH and SUD services have no other insurance. The division can't pay for health services.</li> <li>6. PSRs, quality of outcomes versus the rates.</li> <li>7. There will be an enrollment broker assigned to people to assist through consultation. People in Health Choice, things should be the same.</li> <li>8. They would not be proposing what they are proposing if they did not believe this option would drive up the level of care for people. They believe the change in program design (whole health) is necessary. Every transition has problems, but there is confidence that once going in the correct direction this will be appropriate. Even though a private company can come in, there are things written in the contract where funding can be withheld, but not necessarily be a death penalty. If certain marks are met, then the funding is paid; incentives and disincentives. The leadership/CEO will be held accountable, but monetary incentives are possible.</li> <li>9. If a company is a failure and have to pull out there will be penalties, but someone will have to replace them. With three contractors someone should be able to come in. Tennessee had 'TennCare' and now it is believed Medicaid is run well. Arizona did nothing but managed care. Also, Florida and Virginia, Oregon and Minnesota.</li> <li>10. Providers will be monitored by managed care organization.</li> <li>11. Many people providing input.</li> <li>12. Yes.</li> <li>13. Good IT staff.</li> <li>14. Are the current procedures not working for group?</li> <li>15. Some are; some need further advancement on technology.</li> <li>16. All the functions of the healthcare plan. If they are to bid (PLE) to be a tailored plan, then they would receive the same advice as the LME/MCO does today. Brandon T. asked what should be said to our representative. Tailored plans and standard plans are necessary and it needs to get done.</li> </ol>
<b>Conclusions</b>	•

Action Items	Person(s) Responsible	Deadline
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**Meeting Adjourned: 3:15pm**  
**Next Meeting: 3/14/2018**  
**Minutes Approved 3/14/2018**