



**SCFAC
APPROVED MEETING MINUTES**

Date: August 8, 2018

Time: 9:00 – 3:00pm

Location: Alliance

MEETING CALLED BY		Benita Purcell			
TYPE OF MEETING		State Consumer and Family Advocacy Committee Meeting			
ATTENDEES					
COMMITTEE MEMBERS			STATE STAFF ATTENDEES		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Benita Purcell	Chair – Cardinal	x	Susan Thompson	CE&E Supervisor	x
Mark Fuhrmann	Vice Chair – Partners	X	Stacey Harward	CE&E Team	x
Martha Brock	Alliance	x	CJ Lewis	CE&E Team	X
Kenneth Brown		x	Ken Schuesselin		x
Ben Coggins	Partners -- Absent	<input type="checkbox"/>			
John Duncan		x			
Jonathan Ellis		x			
Catreta Flowers	Trillium	x			
Pamela Goodine	Phone	x			
Cathy Hatcher		x			
Angelena Kearney – Dunlap	Cardinal	x	GUEST		
Pat McGinnis	VAYA--Phone – until noon	x	NAME	AFFILIATION	
Deborah Page	Cardinal	x	See attached signature pages		
Wayne Petteway	Trillium	x			
Ron Rau	Sandhills	x			
Lori Richardson	Sandhills	x			
Patty Schaeffer	Partners	x			
Brandon Tankersley	Alliance	x			
Brandon Wilson	VAYA- Absent				
Jean Andersen	SCFAC/ Cardinal	X			

1. Agenda topic: Welcome **Presenter(s):** Benita Purcell and Mark Fuhrmann

Discussion	<ul style="list-style-type: none"> • Thanked everyone for coming to the meeting and taking time out of their busy day. • Went around the room and had everyone introduce themselves; committee members and guests. • Reviewed agenda and made an addition. Agenda was approved. • Reviewed minutes. They were approved with no changes. • Angelina K. asked if the S2L call was mandatory for all SCFAC members to be on. She was informed that it was not, but that it was very beneficial to be on the call or have someone from their local CFAC on the call. • Provided some networking time so that guests could come in to without disturbing the meeting, 9:30-9:50am. 		
Conclusions	<ul style="list-style-type: none"> • 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> ○ Motion: Made to approve Minutes – State CFAC – Angelena Kearney - Dunlap made motion, Wayne Petteway seconded, and motion carried. ○ Motion: made to approve State to Local (S2L) conference call min – Deb Page made motion Lori Richardson seconded motion – motion carried. 			

2. Agenda topic: Secretary Mandy Cohen and Deputy Secretary Mark Benton

Discussion	<ul style="list-style-type: none"> Secretary Cohen wanted to come by so that she could announce to the SCFAC that she had appointed Kody Kinsley to Deputy Secretary of the Division of MH/IDD/SAS. He will continue to be acting director of the Division until a permanent replacement can be located. Position will be posted soon. Secretary Cohen also wanted to hand deliver a letter in which the letter stated the importance of both local and state CFACs, and that they would be part of the system as Medicaid reform moves forward (letter attached to minutes). DSOHF will be a part of Kody Kinsley's portfolio. Dale Armstrong will be the CEO of Cherry Hospital. Planning call between Kody Kinsley and the Chair and or vice chair of the SCFAC will continue. 		
Conclusions	<ul style="list-style-type: none"> 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> 			

3. Agenda topic: Discussion on 403

Presenter(s): Kody Kinsley

Discussion	<ul style="list-style-type: none"> Presentation is attached to minutes. Kody Kinsley reviewed the PowerPoint and accepted questions during the presentation. Tailored plans and Standard Plans will have to be balanced. – This will need the help of the stockholders. Jonathan E. – The expectation that people can move between Standard and Tailored plans will need to be determined and explanation of the two needs to be configured. Brançon T. asked about CFAC. Kody K. stated that CFAC and SCFAC will be there, but how they look is still unknown. Martha B. – Concerned about roles of the CFAC vs human rights protection in the statute. Patty S. - Money within the state budget for Accountability. Kody K. – "...infrastructure is there." Wayne P. - People who are on the waiting list – how can this help them? Kody K. – there is a broad guardrail to determine what's acceptable outside of the box. What happens when the doctors do not agree with infrastructure, specifically with the business aspect and billing, business charges and costs? Pat M. – Access to medical records is very difficult and there should be someone to assist with understanding the process. Martha B. - Is there a statute or federal guidelines that apply? Kody K. - No money is coming out of Medicaid and going into social determinants Sarah Potter- Details are very important. How will someone navigate between the Standard and Tailored plans? Martha B. - Mental health case management is gone. PSS is great, but many times a professional case manager is needed. John D. - Where does a person fall into the system who does not fall under Medicaid? Kody K. – State-funded services are only in the Tailored plans. This needs to be figured out. Expanding access is an issue that needs to be addressed. Expanding access to health care. Insurance, keep talking. Not part of the transition. Idea behind family PSS network will look in to this. Ken Schuesselin is working on the definition for PSS services. Plan of health should cover everything. The basic principal is to have coordinated health care. 		
Conclusions	<ul style="list-style-type: none"> 		
Action Items	Person(s) Responsible	Deadline	

4. Agenda topic: Bylaw Discussion

Presenter(s): Mark Fuhrmann

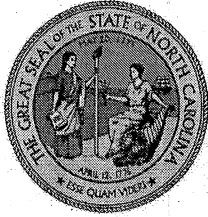
Discussion	<ul style="list-style-type: none"> Mark F. has developed a proposed change to the bylaws and read the proposed changes to the committee. At last meeting, he had requested that everyone send him any changes that they felt needed to be made to the bylaws. He had only received two responses to that request. NC Council has changed to Eye2Eye and has stated that they no longer want to be a part of appointing SCFAC members. Ben C. will remain on the SCFAC until a discussion can be made as to who or how appointments of new members will be made, since the NC Council no longer exist. Phone attendance - Wayne would like to have at least two meetings be by phone instead of just one, but not all meetings by phone. Martha B. stated that she felt leadership should step in before someone takes advantage of attending by phone only. Kenneth B. – Temporary leave, this is not defined in the bylaws. What does this mean? This should be discussed between Chair and CFAC prior to allowing someone to be able to take a leave. How will this affect the quorum. Someone from the public suggested to use Skype, but having people at the table and in person is important to the mission of SCFAC. Election of officers for the SCFAC - The Nomination committee will be appointed in April. Nominations will be discussed in May and vote will take place in June. Discussion concerning about email votes vs being in person, and what if the person is in good standing with the SCFAC, meaning that the person has been at all the meetings, but in June runs into an issue and is not able to attend the meeting? Discussion concerning making it a case by case issue and it would be up to the chair and vice chair to determine. 		
Conclusions	•		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none"> Motion: Accept the changes that Mark presented – Wayne made motion and Deb P. seconded the motion. Changes will be presented at next meeting and voted on. 		Martha B voted No Brandon T abstained Motioned Carried	

5. Agenda topic: Committee reports

Presenter(s):

Discussion	<ul style="list-style-type: none"> Budget Committee – Brandon T. Would like to have funds to have a booth and to be able to market SCFAC and Local CFACs at local fairs and or conferences. Benita P. stated that they needed to make sure that the budget was detailed, and also should be able to be related back to the statute that guides the SCFAC. Brandon feels that if Local CFACs have a budget then the SCFAC should have a budget. Benita P. – “If we are going to ask for a budget then we need to make sure that the letter that we send Kody K. is clear and concise.” Martha B. reminded the group that the SCFAC is self-governing. She feels that we should have a two-day meeting. “When we are talking with Kody, we need to not ask what he wants from the SCFAC, but we should go to him with, <i>“This is what we need.”</i>” 		
Conclusions	•		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none"> The group would like to have a two-day retreat. They would like to have it in October, but several members said that would not work for them. Doodle Poll to be sent out to SCFAC members to come up with a date for the meeting. 		Stacey Harward to send out doodle poll.	

Meeting Adjourned: 3:00
Next Meeting: September 12, 2018



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

DAVE RICHARD • Deputy Secretary for NC Medicaid

KODY H. KINSLEY • Deputy Secretary for Behavioral Health & IDD

August 8, 2018

Greetings,

The Department is committed to designing a health-care system that integrates physical and behavioral health, treats the whole-person, and measures itself against the health of North Carolinians. The recently passed House Bill 403 provides legislative direction for the high-level guidelines of this future system and tasks the Department with designing the details. To that end, the Department seeks to engage openly and transparently with stakeholders such as providers, advocates, and most importantly, consumers. State and Local Consumer and Family Advisory Committees (CFAC) will be an important conduit for this engagement now and in the future.

Already, the State CFAC has advised the Department on many topics associated with transformation, including Local Management Entity/Managed Care Organization (LME/MCO) contracts, service gaps in the community, and concept papers. Further, in other meetings, several Local CFACs have advised the Department and the State CFAC on their concerns about the new system in addition to serving their local mission of identifying local service needs and maintaining a connection to the communities they serve. Moving forward, this engagement around system design will grow more intense, and we ask the CFACs to actively engage and mobilize themselves around the development of this system.

Over the coming months, the Department will systematically engage with stakeholders on design topics, present ideas, and obtain feedback on key issues. We envision doing this through white papers and specific presentations in your public meetings. Some of these broad topics include, but are not limited to:

- the design, enrollment, and functioning of the behavioral health and I/DD tailored plans, and behavioral health elements of the standard plans;
- population determination and functional assessments;
- integrating physical-health services seamlessly for individuals who primary services have been behavioral health; and
- additional legislative updates to 122C, the law that outlines the system in North Carolina that provides services and care to those living with mental illness, I/DD, or substance use disorders.

The implementation plan submitted to the General Assembly on June 22, 2018 was the Department's first effort to describe our initial thinking around some of these elements and the anticipated steps and challenges moving forward. Engagement with the State and Local CFACs to refine our thinking and be sure it functions smoothly for consumers is critical.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH BENEFITS, NC MEDICAID

LOCATION: 1985 Umstead Drive, Kirby Building, Raleigh, NC 27603
MAILING ADDRESS: 2501 Mail Service Center, Raleigh, NC 27699-2501
www.ncdhhs.gov • TEL: 919-855-4100 • FAX: 919-715-9451

**DIVISION OF MENTAL HEALTH, DEVELOPMENTAL
DISABILITIES AND SUBSTANCE ABUSE SERVICES**

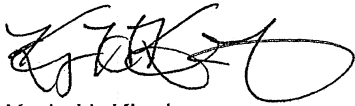
MAILING ADDRESS: 3001 Mail Service Center, Raleigh, NC 27699-3001
www.ncdhhs.gov • TEL: 919-733-7011 • FAX: 919-508-0951

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

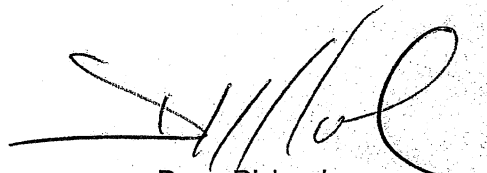
One of the specific suggested revisions to 122C involves working with the State and Local CFACs to understand their charter and specific function in the future system. These changes do not threaten the existence of the CFACs, but rather likely expand and sharpen their impact to match the design of the new system. The State CFAC could likely have expanded responsibilities, adopting representation requirements to incorporate aspects of physical health or other elements that better reflect the functioning of the new system. Similarly, the Local CFACs could likely be tied to specific tailored plans or regions, depending on system design, and have representation changes, to ensure they adequately reflect and represent their catchment area. We look forward to working closely with the State and Local CFACs and understanding the advisory structure that ensures valuable and permanent advocacy.

The path forward will not be without challenges, but we are committed to creating an integrated healthcare system that treats the whole person. Our partnership with both State and Local CFACs is crucial for the successful development of that system. Rest assured that we will continue to engage with you in the weeks, months, and years ahead.

Sincerely,

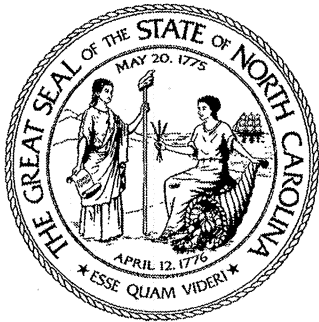


Kody H. Kinsley
Deputy Secretary for Behavioral Health & IDD



Dave Richard
Deputy Secretary for Medical Assistance

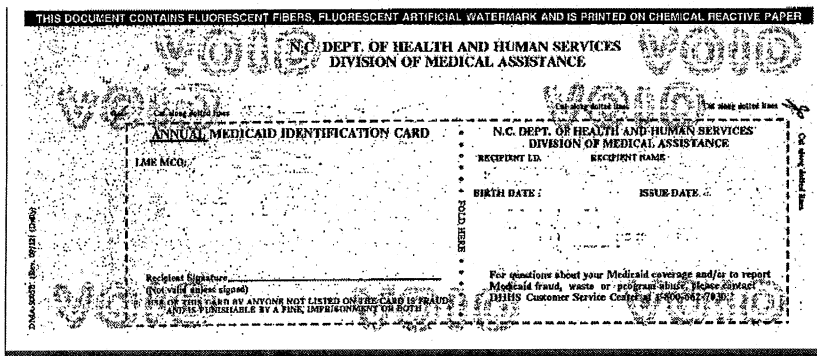
Transformation to Managed Care Overview



**North Carolina Department of Health
and Human Services**

August 8, 2018

Why?

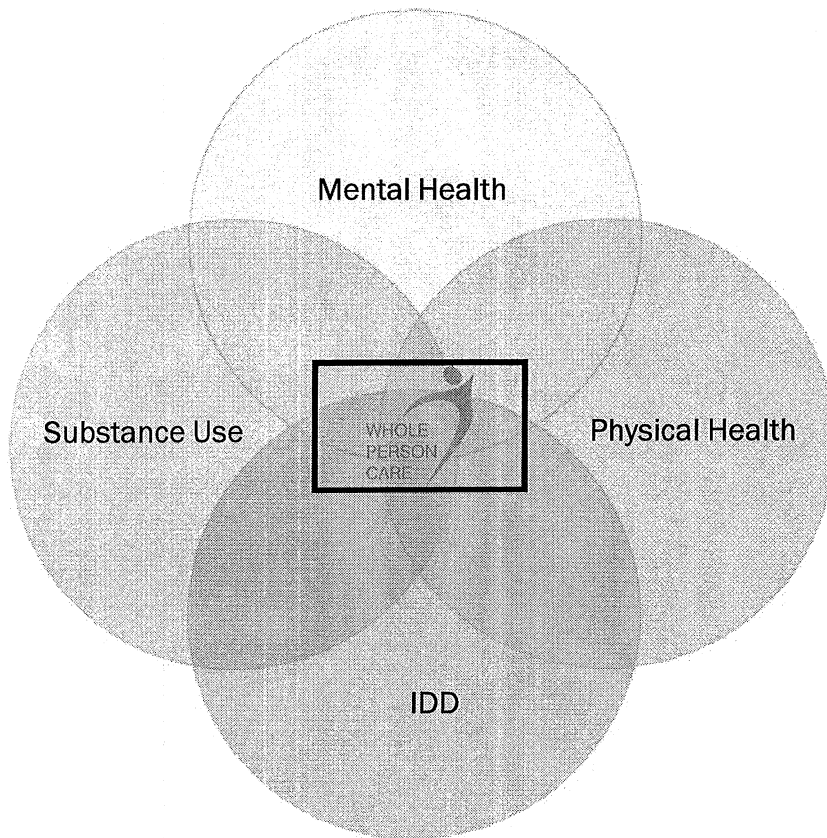


Physical Health – Fee for Service

change is difficult.
not changing is fatal.

Behavioral Health & IDD-Managed Care

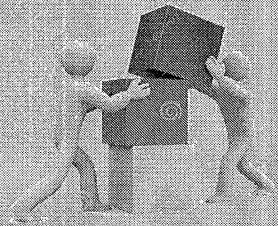
To make it better for you!



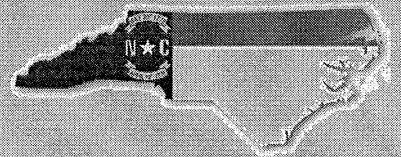
- ~ 1.9 Million people
- ~ 80,000 providers

NC Public Healthcare System Transformation Vision and Principles

Vision



*Healthier
Together*



Goals

1



**IMPROVED
OUTCOMES**

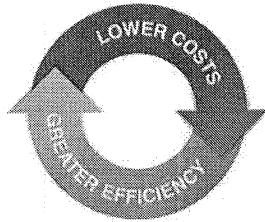
Improve Quality

2



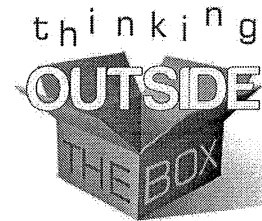
Accountability

3



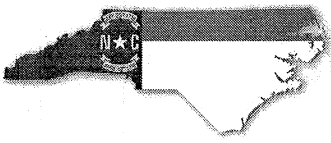
Increase Value

4

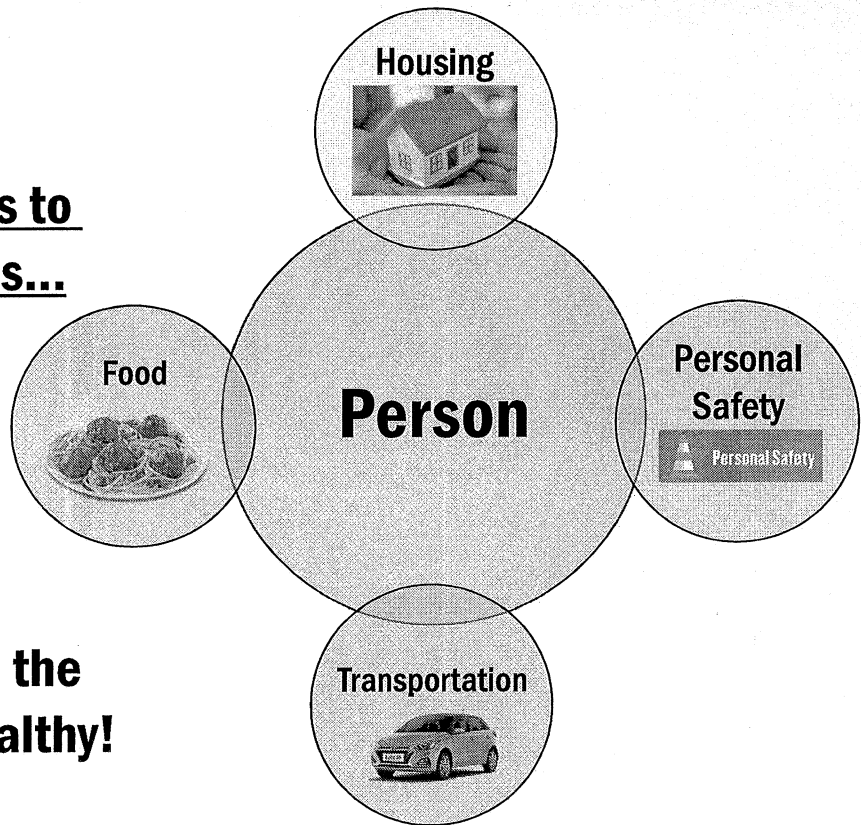


Engage and Innovate

VISION: Future Look of NC Public Healthcare System



North Carolina wants to address unmet needs...

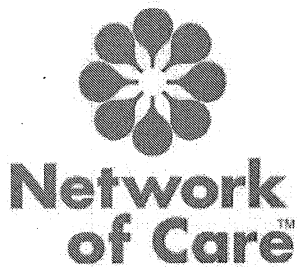


...everyone deserves the opportunity to be healthy!

Timeline – Key Milestones

- **BH & IDD Strategic Plan – Released Feb 2018**
- **Concept Papers – Over the past several months.**
- **Standard Plan Design Work – Over the past several months.**
- **HB 403 Passed – June 14, 2018**
- **High-level Implementation Plan – June 22, 2018**
- **Enrollment Broker – Announced Selection Aug 3 (RFP in May)**
- **Standard Plan RFP – Soon (stakeholder call Thursday)**
- **Standard Plan Go-Live – July 2019, then February 2020**
- **Tailored Plan Design Work – Starting Now**
- **Tailored Plan RFP – projected mid-year 2020**
- **Tailored Plan Go-Live – Planning July 2021, with NCGA approval.**

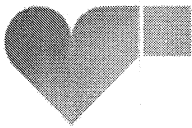
Managed Care Basics



**Providers contract
with Commercial Plan
or Provider Led Entity**



**User selects or is
enrolled in CP or PLE**



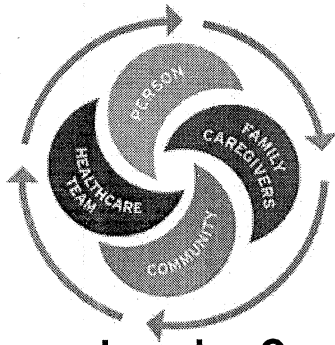
Access to Care

**Choose provider within
selected network**



**Plans may develop value-
based payments**

Managed Care Basics



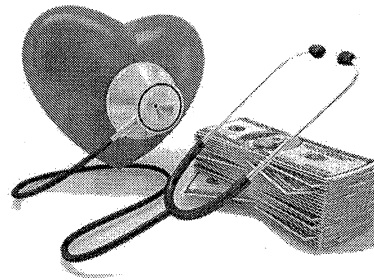
Comprehensive Care Management; Behavioral health home



Whole-person care

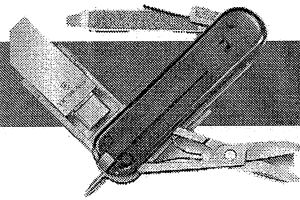


Increased innovation

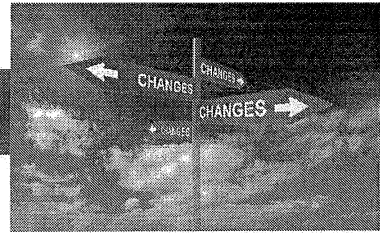


Insurance plans carry the risk

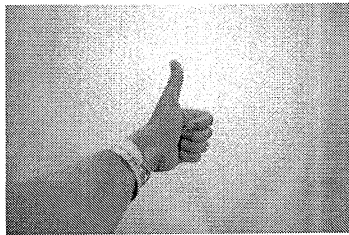
The 1115 as a



for



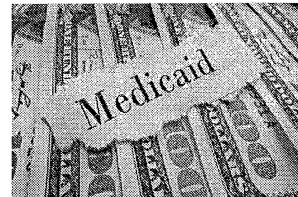
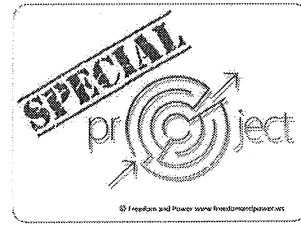
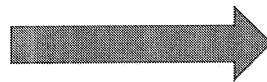
The



to Try Different Things.

What is a 1115 waiver?

**Allows States to
use Medicaid
funds in ways not
otherwise allowed
under the regular
requirements**



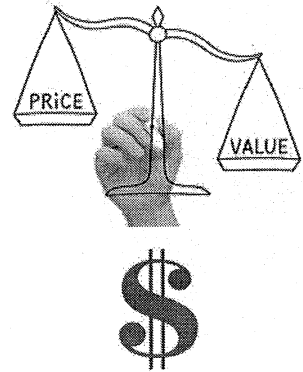
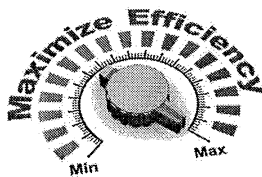
Why use a 1115 waiver?



thinking
OUTSIDE
THE BOX

**WHAT WORKS,
WHAT DOESN'T,
AND WHY?**

**(bettercare
together)**



Standard Plans & Tailored Plans

Standard Plans Basics (Start go-live July 2019)

- 4 state-wide commercial plans; 12 provider-led-entities.

Serving:

- Physical Health
- Mild to Moderate Behavioral Health Care Needs

Tailored Plans Basics (Start go-live July 2021 (?))

- 5 to 7 Tailored Plans
- LME/MCOs are guaranteed the contract for 4 years.

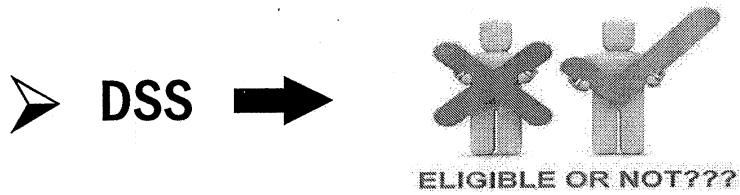
Serving:

- Physical Health
- Complex Behavioral Health Needs
- SMI, SPMI, SED, SUD, TBI, IDD

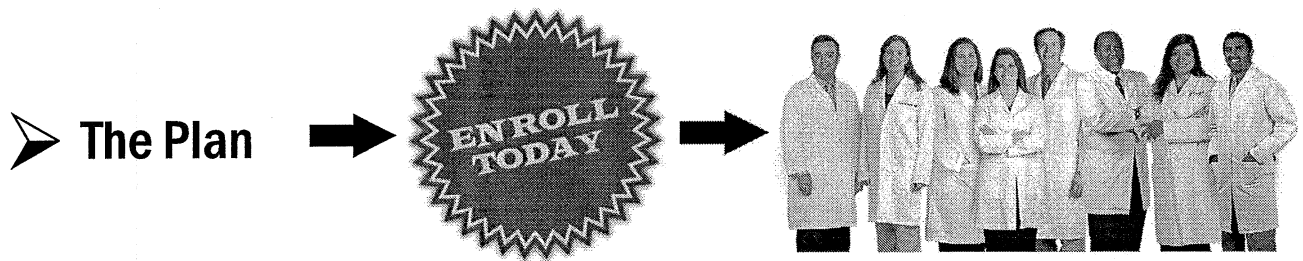
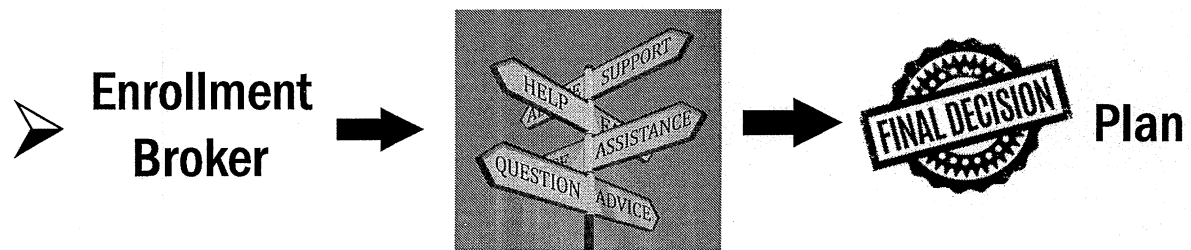
IMPORTANT:

- 6 Carve Out Populations that Will Remain FFS and served by LME/MCOs during Tailored Plan Design.
- People can choose to be in a standard plan.

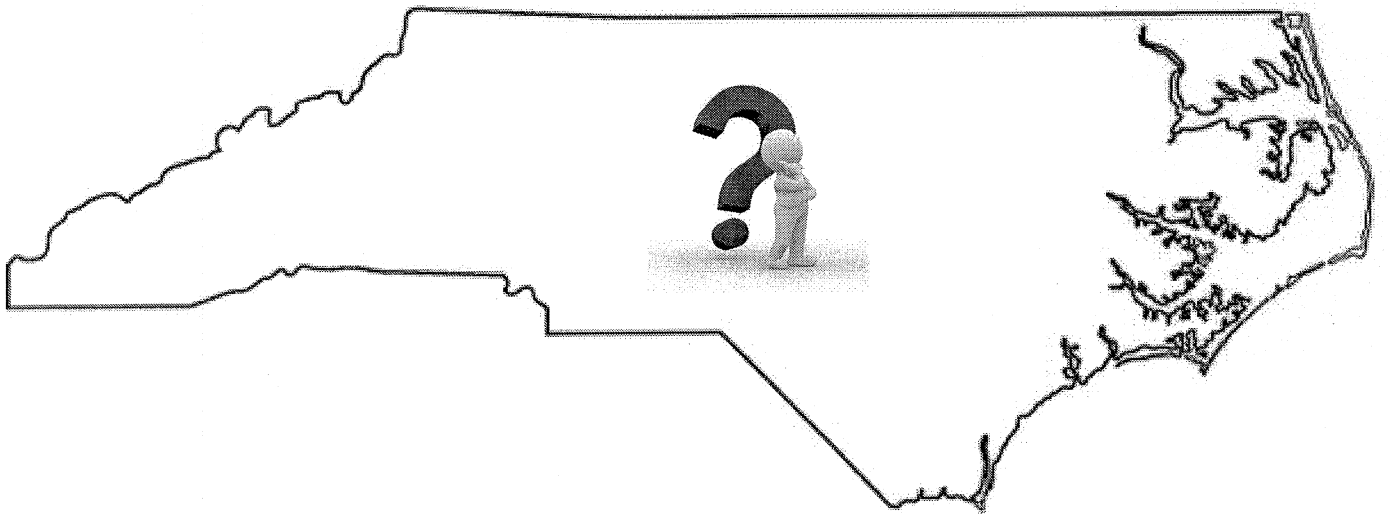
Enrollment Broker Role



Enrollment Broker Role



What Will The Tailored Plan Regions Be?



Tailored Plan Design Elements to Work With You On!

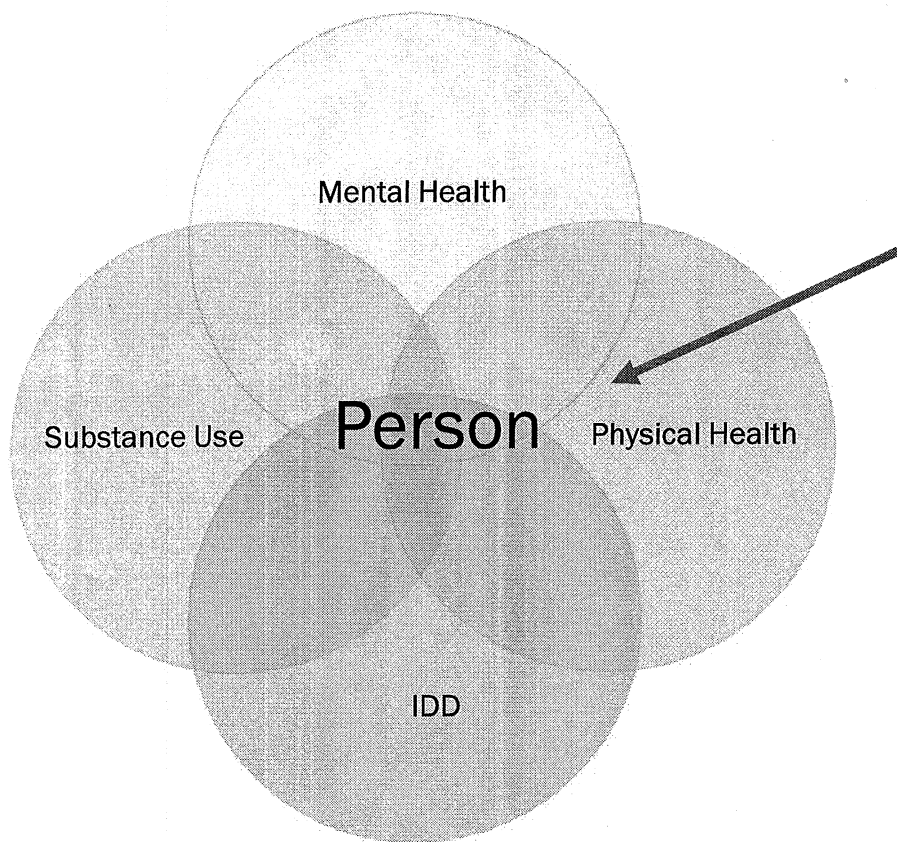
WHAT:

- Regions
- Network Adequacy
- Transition of Care
- Ombudsman
- Populations
- Whole Person Care Coordination

HOW:

- State & Local CFAC
- Concept Papers

It's About YOU!





APPENDIX

State CFAC Meeting

August 8, 2018

Location: Alliance Behavioral Healthcare
Corporate Office
4600 Emperor Blvd, Durham

Time: 9:00 am – 3:00 pm
Stacey Harward (Contact Person)
(919) 604-6027 - Phone

	<u>NAME</u>	<u>Signature</u>	<u>By Phone</u>
1.	Jean Anderson	<i>Jean Anderson</i>	
2.	Martha Brock	<i>Martha Brock</i>	
3.	Kenneth Brown	<i>Kenneth Brown</i>	
4.	Ben Coggins	<i>Ben Coggins</i>	
5.	John Duncan	<i>John Duncan</i>	
6.	Jonathan Ellis	<i>Jonathan Ellis</i>	
7.	Catreta Flowers	<i>Catreta Flowers</i>	
8.	Mark Fuhrmann	<i>Mark Fuhrmann</i>	
9.	Pamela Goodine		✓
10.	Cathy Hatcher	<i>Cathy Hatcher</i>	
11.	Angelena Kearney-Dunlap	<i>Angelena Kearney-Dunlap</i>	
12.	Pat McGinnis		✓ till June 20
13.	Deborah Page	<i>Deborah Page</i>	
14.	Wayne Petteway	<i>Wayne Petteway</i>	
15.	Benita Purcell	<i>Benita Purcell</i>	
16.	Ron Rau	<i>Ron Rau</i>	
17.	Lori Richardson	<i>Lori Richardson</i>	
18.	Patty Schaeffer	<i>Patty Schaeffer</i>	
19.	Susan Stevens	<i>Susan Stevens</i>	
20.	Brandon Tankersley	<i>Brandon Tankersley</i>	
21.	Brandon Wilson	<i>Brandon Wilson</i>	
	PRINT	SIGN	
Staff	<i>Suzanne Thompson</i>	<i>Suzanne Thompson</i>	
Staff	<i>CS</i>	<i>CS</i>	
Staff	<i>Stacey Harward</i>	<i>Stacey Harward</i>	
Staff	<i>KEN SCHUESSEL IN</i>	<i>Ken Schuessel</i>	
Staff			
Staff			

Guests – Sign-In Sheet

August 8, 2018

*Public Comment – No guarantee of confidentiality

<u>Name</u>	<u>E-Mail</u> YES! Add me to your email list!	<u>Phone</u>	<u>Comment</u>
Dog Night			
Sandra Buckman			
Juanita Jefferson			NO
David Foytyle	David.Foytyle@ plgbc.org		
Bob Grayton			NO
Jeff Smith			NO
Brittany Stephenson	brittany. stephenson@ centene.com		NO
Julie Rothacker	Jrothacker@centene. com		NO

Guests – Sign-In Sheet

August 8, 2018

*Public Comment – No guarantee of confidentiality

<u>Name</u>	<u>E-Mail</u> YES! Add me to your email list!	<u>Phone</u>	<u>Comment</u>
John Thompson	Thompson @ theparade group. com	914 521 1327	
Orak Raia	orakraia@gmail.com	919-650-3160	
Pat Porter	patricia.p@ncleg.net	919-301-2630	
Walter	pottmm5@gmail.com	336 409-3096	
Sarah Potter	spot1050@gmail.com	336 409-3063	
Mary Miller	mtmiller41@aol.com	336 760 2972	Friend of FAC
Pam Perry	Pamela M. Perry @centene.com	757-343-2076	No (?)
CAROL ORNITZ	dogma703@aol.com	919-608-0968	

Guests – Sign-In Sheet

August 8, 2018

*Public Comment – No guarantee of confidentiality

<u>Name</u>	<u>E-Mail</u> YES! Add me to your email list!	<u>Phone</u>	<u>Comment</u>
Jennifer Münch	jennifer.munch@ cardinalinnovations. org		
Anthony Marino	amarino@carolinacss com	585-975-9216	
Sara Wilson	swilson@alliancebhc. org		
Brian Perkins	bperkins@alliance bhc.org		
Corye Dunn	corye.dunn@ disabilityrightsnc .org		
Frank Heel	PSG	919 825- 0934	
Jeannie Irby	Sing4yougod @gmail.com	336-254- 0759	
Ann Oshel	aoshel@ alliancebhc. org	919-651- 8855	

Guests – Sign-In Sheet

August 8, 2018

*Public Comment – No guarantee of confidentiality

<u>Name</u>	<u>E-Mail</u> YES! Add me to your email list!	<u>Phone</u>	<u>Comment</u>
NOAH SWABE	nswabe@ alliancebke. org	828- 595 5570	
Gail Orman	gorman@trial *rr.com	919-880-1868	
Frederick Douglas	fmdouglas3 @aol.com	336 792 2876	
Chandrika Brown	cbrown@nc familiesunited. org	336 447-0734	
Kent Farnhardt			
GRAIG MEYER	GRAIG.MEYER NCLEG.NET	919-715-3019	
Joseph			