



**STATE CONSUMER AND FAMILY ADVISORY COMMITTEE**

**MEETING MINUTES**

**Date:** Wednesday, November 13, 2019 **Time:** 9:03 am

**Location:** Division of Public Health, Building 3  
5605 Six Forks Road, Raleigh, NC 27609

<b>MEETING CALLED BY</b>	Benita Purcell, Chair
<b>TYPE OF MEETING</b>	Public Meeting

**ATTENDEES**

COMMITTEE MEMBERS			GUESTS		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Jean Andersen	Cardinal Innovations	<input checked="" type="checkbox"/>	Bob Crayton	Cardinal Innovations	<input checked="" type="checkbox"/>
Ginger Booth	Eastpointe	<input checked="" type="checkbox"/>	Doug Wright	Alliance	<input checked="" type="checkbox"/>
Jonathan Ellis	Trillium	<input checked="" type="checkbox"/>	Sharon Chen	NA	<input checked="" type="checkbox"/>
Catreta Flowers	Trillium	<input checked="" type="checkbox"/>	Pamela Perry	PHP Representative	<input checked="" type="checkbox"/>
Mark Fuhrmann	Partners	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Angelena Kearney-Dunlap	Cardinal Innovations	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Wayne Petteway	Trillium	<input checked="" type="checkbox"/>	CONFERENCE CALL PARTICIPANTS		
Benita Purcell	Cardinal Innovations	<input checked="" type="checkbox"/>	Sarah Potter	Cardinal Innovations	
Ron Rau	Sandhills	<input checked="" type="checkbox"/>	Corye Dunn	DRNC	
Lori Richardson	Sandhills	<input checked="" type="checkbox"/>			
Susan Stevens	Cardinal Innovations	<input checked="" type="checkbox"/>			
Lorraine Washington	Eastpoint	<input checked="" type="checkbox"/>			
CONFERENCE CALL PARTICIPANTS			STAFF		
			NAME	AFFILIATION	
Mitchell Gatewood	Vaya Health	<input checked="" type="checkbox"/>	Kate Barrow	DMH/DD/SAS, CE&E Team	
Pat McGinnis	Vaya Health	<input checked="" type="checkbox"/>	Jennifer Bowman	DMH/DD/SAS- QM	
ABSENT			Michelle Laws, PhD	DMH/DD/SAS, CE&E Team	
Kenneth Brown	Deborah Page		Suzanne Thompson	DMH/DD/SAS, CE&E Team	
Ben Coggins	Brandon Wilson		Jeff Smith	DMH/DD/SAS, CE&E Team	
April DeSelms			Deputy Secretary Kinsley	DMH/DD/SAS	

**1. Consent Agenda & Approval of October Minutes**

<b>Discussion</b>	There were grammatical corrections made to the October State CFAC minutes.		
<b>Conclusions</b>	Susan Stevens motioned to approve the revised October meeting and conference call minutes. Ron Rau seconded.		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
Make grammatical corrections to the October minutes.	Kate Barrow		

**2. Public Comment**

<b>Discussion</b>	Jean Andersen suggested that the State CFAC move to change catering to something that offers coffee services. The group discussed potential options, including Panera Bread. Susan Stevens motioned. Ron Rau seconded.
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	<p>Benita Purcell revisited the Triad letter regarding DD services during the Public Comment period. The group reread and revisited the letter related to I/DD DSP issues. Member reiterated that the letter sites issues that are occurring across the state. The SCFAC discussed their support of the points made in the letter and plan to discuss the issue with Jennifer Bowman during her presentation. A letter will be sent to Triad CFAC in response to their letter. Jean suggested an initial letter acknowledging a receipt of letter and then a follow-up letter</p> <p>Corye Dunn, DRNC provided information on the case against the state about the I/DD Waiver. Kate Barrow distributed information by email to the group and Local CFACs.</p>	
<b>Conclusions</b>	<p>The State CFAC will try different caterers to meet their needs. SCFAC voted to make a boilerplate letter acknowledging receipt of letter from a LCFAC before addressing the issues further. Wayne Petteway motioned to create a boilerplate letter and then follow up again by letter and more formally during the legislative event. Catreta Flowers seconded.</p>	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
Research catering options and set up a survey for members	Kate Barrow	December meeting
Draft a boilerplate letter.		TBD

### 3. Committee Work and Strategic Planning

Benita Purcell, *State CFAC Chair*

<b>Discussion</b>	<p>The State CFAC discussed the Strategic Plan and updates to make. They added “Community Inclusion” and “Stigma” per the Recovery and Self-Determination Subcommittee. Kate Barrow recommended to the committee to look at the 11 Fundamentals of Community Inclusion and to consider including “Diversity and Inclusion” issues in the strategic plan; look at what diversity really means. The group decided to break into smaller groups to address each topic area, include information on next State to Local conference call.</p>	
<b>Conclusions</b>	<p>Additional work and break down of activities by topic area will be determined at a future date.</p>	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
Send updated Strategic Plan.	Kate Barrow	December Meeting
Reach out to Janet Sullivan (DHHS-HR) on Diversity and Inclusion topics.	Kate Barrow	TBD

### 4. QM Updates: Planning for Network Adequacy and Accessibility

Jennifer Bowman, *Quality Management Team Lead*

*Div. MH/DD/SAS, DHHS*

<b>Discussion</b>	<p>Jennifer Bowman gave a brief overview of the work being done on Tailored Plan Network Adequacy and working with the LME/MCO on making sure they are ready for TP. Mark Fuhrmann asked if the Division is working with the Standard Plan colleagues? Jennifer: Yes; we are closely working with Jean Holliday and the Standard Plan team. Biggest change is being responsible for physical health in addition to behavioral health. Looking at quality of life issues, functional issues, measures that LME/MCO will have to be responsible for, adjusting focus so that everyone will be ready. Benita: Not going to be measuring phone calls, how did you do that? Jennifer: It was self-reported. Benita: How did you record turn-around time?</p>	
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	<p>Jennifer discussed the specific measures for that previous data point.          A CFAC member asked about the Enrollment Broker’s data collection point for answering the phone.          Jennifer: Medicaid may have to continue with that measure, but with MH we are backing away from that to shape other measures.          Jennifer recommended calling and making a grievance if there are no call backs received. The feedback provided is that it causes the consumer and family member to have to document and continue to call rather than addressing the “no-call” situation.          Tracking health outcomes?          That’s where more of the focus will go.</p>		
<b>Conclusions</b>			
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	

### 5. Division Updates

Kody Kinley, *Deputy Director Behavioral Health and IDD*  
 Div. MH/DD/SAS, DHHS

<b>Discussion</b>	<ul style="list-style-type: none"> <li>- Deputy Secretary Kinsley provided an update from the Division/Depart. Legislators back in Session today. Still no budget. Delay going live with SP- again. Not decided yet that we are at that point- end of this week or end of next week.</li> <li>- Scenarios: 1: Significant movement this week or next week that gives DHHS resources to continue to rollout managed care. Keep running in good faith.</li> <li>- Finish this week or next week: no movement on budget, come back in January. If that happens, then there will be a delay- matter of how long.</li> <li>- Important to remember the context- core of what Gov is standing behind is Medicaid Expansion and Teacher Pay.</li> <li>- Lots of other work going on; Justice Diversion program, moving towards better outcomes for all; streamline eligibility;</li> <li>- Still going to get some benefits from the movement Medicaid Transformation</li> <li>- Discussion on the budget- getting the right line items</li> <li>- Delays beneficial to LME/MCOs? Timing not so sure yet.</li> <li>- Folks not leaving LME/MCO in SP if delayed further. Each of the LME/MCO rates are made up of two things- services and administrative supports</li> <li>- Have moved people into new Broughton Hospital</li> <li>- Elopement issue being brought into the media in a negative or stigmatizing way</li> <li>- Search for Director of DMH/DD/SUD</li> </ul>		
<b>Conclusions</b>			
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	

### 6. CFAC Legislative Event Discussion

Benita Purcell, *State CFAC Chair*

<b>Discussion</b>	<p>Benita Purcell provided an overview of the tasks needed for Legislative Event. The current date is scheduled for May 19, 2020. She mentioned that she was working with contacts at the County Commissioners Building to use a room prior to the event to help prepare everyone for their visits with legislators. The group will meeting before hand to discuss talking points, use Strategic Plan as the framework for talking points, and have a training prior to the event to learn how to engage legislators.</p>		
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	<p>Dr. Laws recommended looking at the committee schedule to make sure that legislators will be in the office that day; might need to consider a different day to ensure maximum exposure. She recommended making invitations to both sides of the aisle for sponsorship of the event and building relationships between legislators and the CFACs.</p> <p>Susan Stevens recommended using an electronic ticket system to track the number of people who attend. The group discussed working with a DME rental company on ensuring mobility aides available for rental the day of the event since there are not enough at the GA building.</p>	
<b>Conclusions</b>	This topic will be added to the regular State to Local Conference Call agenda.	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
Book hotel room block.	Kate Barrow	December meeting

## 7. Membership Advisory Committee/CFAC Discussion

Mark Fuhrmann, *State CFAC Vice-Chair*

<b>Discussion</b>	<p>The State CFAC discussed how the CFACs can work with the Standard Plan (SP) Membership Advisory Committees (MAC). The group discussed the difference between consumer and family feedback, and the current consumer survey system some members were reminded of in this format.</p> <p>Does the Membership Advisory Committee have reports? Will the CFAC have access to the reports?</p> <p>The State CFAC discussed concerns over whether or not services are meeting the needs and if the role of the MAC is similar to the CFACs in how they provide feedback to the LME/MCOs.</p> <p>Mark Fuhrmann referenced the questions he passed out as a starting point</p> <p>Dr. Laws requested the floor to provide clarification. She clarified that because this information has not been determined, that the State and Local CFACs have the opportunity to provide the input on what the relationship and collaboration between the two groups could be and how it could function. This is the area to give attention to and to hash out what the relationship will be. How the CFACs describe and detail what the role and relationship is between the CFAC and the MAC will go back to Medicaid as recommendations on how the MACs can perform because they are receiving public dollars to meet certain service expectations.</p> <p>Pamela Perry requested to respond. She provided clarification on the survey as part of the PHPs accountability to the state. There is also a survey done with the providers.</p> <p>Dr. Laws- looking for recommendations from the State CFAC on how the CFACs can work with the Member Advisory Committees.</p> <p>Would everyone take time to read page of questions- more global in nature. Mark read off the questions and asked members to respond by next meeting.</p>	
<b>Conclusion</b>	Invite Sarah Gregosky from the Medicaid side for future discussions about the Standard Plan MACs	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
Send out questions from Mark Fuhrmann electronically.	Kate Barrow	November 13, 2019

## 8. Standard Plan Provider Network Adequacy

Jean Holliday, *Senior Program Manager*

*NC Medicaid- Health Plans & Transformation, DHHS*

<b>Discussion</b>	Jean Holliday provided a presentation on the Standard Plan Network Adequacy. She gave a brief background on the progress of working with PHPs, auto-enrollment, and demonstrating Provider Network
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	<p>Adequacy. She reviewed the set standards for time (appointments) and distance, as well as for rural vs. urban. PHPs have been building their Provider Network, there are still gaps, specific example includes Hospitals and the specialist that are brought in from hospital networks. There are standards for specific services that go hand in hand. Beneficiary considerations- check with enrollment broker for PCP services (not specific doctor or specialist, but the practice); check PHP provider directory, then the PHP directories, Standardized things in the contracts between the provider and PHP; trying to engage with providers. Short timeframe and budget situation have impacted the provider network adequacy. Uncertainty around Medicaid Expansion and launch date.</p> <p>Is telemedicine in Network Adequacy?          \$300 to access telemedicine- different from a telephone. What extent are able to meet Network Adequacy with telemedicine? Can't meet Network Adequacy. Can use telemedicine as a way to provider server, if Not a way of meeting Network Adequacy Standards. No exception request until we have those networks; not until February</p>		
<b>Conclusion</b>			
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	

<b>Meeting Adjourned:</b>	<b>Next Meeting:</b>
The meeting adjourned at 3:10. Catreta Flowers motioned. Angelena Kearney-Dunlap seconded.	December 11, 2019