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MEETING MINUTES
STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

January 14, 2010

Present: Nancy Black, Wilda Brown, Terry Burgess, Pamela Chevalier, Gladys Christian, Marianne Clayter, Zack Commander, Bill Cook, Kathy Crocker, Frank Edwards, Libby Jones, Laura Keeney, Ron Kendrick, Paul Russ, Renee Sisk, Andrea Stevens, David Taylor Jr, Rosemary Weaver and Glenda Woodson.

Absent: Carl Noyes and Amelia Thorpe.

Staff Present: Leza Wainwright, Stuart Berde, Cathy Kocian, Linda Wilkins, Eric Fox, Ken Marsh, and Kelly Crosbie.

Guests Present: Carolyn Anthony, Yvonne Copeland, Anna MacDonald Dobbs, Kent Earnhardt, Fred Johnson, Gerri Smith, and Brianna Woodson.

Presenter & Topic	Discussion	Action
<p>Welcome: Ron Kendrick, SCFAC Chair</p>	<ul style="list-style-type: none"> • The meeting was called to order at 9:30 AM. • SCFAC members expressed their gratitude to Jesse Sowa for the years of service he provided to the committee and wished him well in his new position assisting Dr. Michael Lancaster, Chief of Clinical Policy. Ron Kendrick introduced Linda Wilkins who will be assisting SCFAC members in the interim. 	<p>The agenda was approved.</p> <p>The November 2009 minutes were approved.</p>
<p>SCFAC Bylaw Revisions</p>	<ul style="list-style-type: none"> • SCFAC members approved the bylaw changes as written, and unanimously voted to add one additional change: Section 2. Election Term of Office, and Qualifications The Chair and Vice Chair shall be nominated by the Nominating Committee at the next to last meeting of the fiscal year for election at the last meeting of the fiscal year in even numbered years. 	
<p>SCFAC 2010 Nominating Committee</p>	<ul style="list-style-type: none"> • The following SCFAC members volunteered to work on the SCFAC Nominations Committee for the May 2010 elections: <ul style="list-style-type: none"> ◦ Wilda Brown ◦ Terry Burgess ◦ Zack Commander 	<p>SCFAC members will submit their choice of candidates to the Nomination Committee via email.</p>
<p>Public Comment/Issues</p>	<ul style="list-style-type: none"> • Kent Earnhardt addressed the SCFAC regarding the recent budget cuts and the impact this has had on the CFACs. In addition, Kent is interested in learning what the intent of the statute is surrounding autonomy and suggested surveying the local CFACs to gather input. Kathy Crocker stated that the local CFACs are self-governing and self-directed and advised Kent to review their bylaws and Relational agreement between the Board and CFAC. Several SCFAC members acknowledged that many local CFACs have a budget and make adjustments as necessary to accommodate the needs of CFAC business. Frank Edwards stated that Wake CFAC members are working on establishing 	<p>Kathy Crocker offered to provide Wake CFAC with technical assistance in order for them to become self-governing and self-directed with issues regarding budget/travel/Relational agreement.</p>

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	<p>a CFAC budget.</p> <ul style="list-style-type: none"> • David Taylor, Jr., provided SCFAC members with information on Microenterprise and mentioned that there is a new workbook on line for employers which was developed for the Occupational Course of Study (OCS) students at www.self-advocate.org • Eric Fox advised SCFAC members the Consumer Empowerment Team revised the original Consumer and Family Participation Tool which can be utilized to establish effectiveness and is available as a self-assessment option. 	<p>Cathy Kocian will distribute the tool to SCFAC members via email.</p>
<p>Discussion with Division Leadership Leza Wainwright</p>	<ul style="list-style-type: none"> • Leza Wainwright discussed the recent CABHA presentation that Mike Watson presented to the LOC at the January 13, 2010 LOC meeting. There is a new provider qualification for CABHA's and they will need to provide the following 5 core services to consumers: <ul style="list-style-type: none"> ◦ Case Management as a stand alone service for MH/SA not included in a bundled service (may only be provided by CABHAs). ◦ Peer Support Services (PSS) as a stand alone service. ◦ Community Support Team (CST). ◦ Intensive In-Home. ◦ Day Treatment. • Leza distributed a graph that showed an increase in growth of CST over the past year from October 2008-October 2009. The Division did a survey among providers and selected 10 charts at each location to review the following three services: CST, Intensive In-Home and Day Treatment. The results showed 45% of the providers that were sampled did not clearly indicate that the diagnosis showed the need for the services, and/or the documentation didn't even show what the consumer needed. Ron Kendrick asked about the responsibility of the LMEs in situations like this, and Leza acknowledged that the LMEs have withdrawn endorsement from providers. Furthermore, Frank Edwards commented on the clause which states "any willing and eligible provider". Leza acknowledged that CMS requires there to be an entitlement to receive services if you have Medicaid, but there is no entitlement for providers to provide Medicaid services in a CABHA. • Providers are currently looking at two options: 1) How to become a CABHA, or 2) How to be affiliated with a CABHA, and what are the acceptable ways to do this. Currently, the Division has received 200 letters of Intent and 20 Attestation letters from providers stating that they meet the following requirements to be a CABHA: <ul style="list-style-type: none"> ➤ 3 year National Accreditation, ➤ At least a half-time Medical Director (Psychiatrist or ASAM Certified Physician, 	

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- A full-time Clinical Director, and
- One person to direct Quality Assurance and Training.

Therefore, the next step for those who submitted Attestation letters include:

1. The Division will verify provider information for accuracy,
 2. DMA will check on any pay back status,
 3. Hold interviews with DMA, DMH and LME staff, and
 4. Perform a site review at the regional level.
- Laura Keeney was concerned with the 3 year accreditation process and mentioned that JACHO and CARF require a business to be up and running for a period of time before they will offer accreditation. Leza stated that there are other services that providers can provide immediately and, then, apply for National Accreditation for Outpatient Therapy/SAIOP in to be a CABHA. The Division is developing a new website in order to post information related to the development of the CABHAs which will include the providers who have submitted letters of Intent and Attestation letters.
 - Leza discussed the changes affecting the pay for MH/SA Case Management and said that providers may bill the State a flat rate of \$325 per month per consumer for Case Management services. Due to the Deficit Reduction Act (DRA), Congress has stated that Case Management is not transportation and Medicaid will pay for only four things in Case Management:
 1. Assessment of needs,
 2. Development of a treatment plan,
 3. Referral to appropriate services, and
 4. Evaluation of the effectiveness of those services.
 - Gladys Christian was interested in the paradigm shift and Leza acknowledged there will be training for the LMEs in February with hopes that the LMEs will then provide training in the local area for the providers in order to make this transition work well with local providers.
 - Andrea Stevens stated that PBH will no longer offer the Piedmont Cardinal Health Plan or the Innovations waivers effective April 1, 2010. The LME will start to transition to the NC Waivers, called the MH/DD/SA Health Plan and the NC Innovations waiver. The PBH changes will affect the C Waiver for DD consumers in that there will be a \$135,000 maximum cap and a change in prioritization for getting onto the C waiver to the concept first come first served.
 - Rosemary Weaver was interested in knowing how the CABHAs will affect the Federally Qualified Health Centers (FQHC) and the Recovery Education Centers (REC), and Leza acknowledged that only the providers who want to bill Medicaid for PSS will then have to be a CABHA. However, the FQHC's don't do Case management or PSS.
 - Zack Commander inquired about the future of Albemarle Mental Health

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	<p>Center (AMHC) and the Division is still contracting the work out to ECBH, who has done an outstanding job. The Division sent the local AMHC county managers a letter with three options:</p> <ol style="list-style-type: none"> 1. They can decide to take AMHC over, 2. Figure out how to make up the deficit because AMHC is financially strained, or 3. The Division would keep control for one more year until the county managers figure out how to work things out. <p>More than likely, the county managers will choose to disband AMHC and go with ECBH effective June 30, 2010.</p> <ul style="list-style-type: none"> • Leza advised SCFAC members that all Division agencies have been asked to develop proposed budgets with a 3%-5%-7% reductions in case the Secretary is ordered to implement additional reductions to Community Service funding. However, Secretary Cansler sent a letter to the GA stating that DHHS cannot absorb more cuts. In fact, 13,000 more people have been enrolled in Medicaid since July 1, 2009, and the demand for Medicaid is up 4% and part of this is due to H1N1. • Ron Kendrick encouraged SCFAC members to address the budget cuts with their respective local Senators and Representatives. 	<p>Kathy Crocker and Andrea Stevens will develop budget talking points for SCFAC members to reference when discussing these issues with their Senators and Representatives.</p>
<p>External Advisory Team (EAT) Update</p>	<ul style="list-style-type: none"> • Libby Jones reviewed the Primary Gap Analysis Themes identified by System Partners and provided the following input: <ul style="list-style-type: none"> ◦ Expansion of services for people who are marginally eligible for Medicaid and Medicare. ◦ Long term Supports <ul style="list-style-type: none"> • #6 - There are some grants available in individual counties for transportation, and these grants need to be researched and applied to other counties. • Transportation to a Doctor appointment is Medicaid Billable. • #2 Employment Supports needs to be re- titled and called <i>Equal Employment</i>. ◦ Clearly note that the SCFAC input came from the 2009 Local CFAC to SCFAC Survey Results (local CFACs input <u>ONLY</u>). 	<p>SCFAC members will review the document and provide Cathy Kocian with additional feedback via email.</p>
<p>LCFAC to SCFAC Survey Results</p>	<ul style="list-style-type: none"> • Kathy Crocker was acknowledged for doing a terrific job presenting the LCFAC to SCFAC Survey results at the November LOC meeting. Plus, SCFAC members viewed the presentation which will be posted on the SCFAC web page. 	
<p>Medicaid Waiver Ken Marsh and Kelly Crosbie</p>	<ul style="list-style-type: none"> • Ken Marsh, LME System Performance Team, and Kelly Crosbie, DMA Behavioral Health Clinical Team, presented the 1915 b/c Waiver Entity 	

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Project. A Waiver Leadership Team was established under the guidance of Ken Marsh to support this waiver expansion project. Plus, DMA designated Judy Walton as their lead person to serve on the Waiver Leadership Team. Additional information can be reviewed in Communication Bulletin #106 <http://www.ncdhhs.gov/mhddsas/announce/commbulletins/commbulletin106.pdf>. Furthermore, Implementation Update #66 includes information on the Medicaid Wavier Amendment Submission and can be reviewed at <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>

- SCFAC members received a handout with an overview of the waiver project and the first few slides explained the PBH Waiver Pilot Project which began in 2003 and has been effectively managed by PBH as a comprehensive MH/DD/SAS provider network, responsible for authorizing payments for services, processing and paying claims and conducting utilization and quality management functions.
- DHHS recommended that DMA and the Division research and plan with the goal of applying for a regionally-based, at-risk, Managed Behavioral Healthcare (MBH) plan for NC based upon a report prepared for the legislature which can be reviewed at <http://www.ncdhhs.gov/dma/legis/071009MedicaidWaiverLME.pdf> . The Division has looked at other states and how services were managed and reviewed three key points:
 1. Quality,
 2. Access, and
 3. Cost efficiency and containment.Ken explained that the goal of the Medicaid Waiver is to ensure the best system possible for the consumers being served, and the Division is interested in the feedback from consumers and family members.
- The Medicaid Waiver information can now be reviewed on line at <http://www.ncdhhs.gov/dma/lme/MHwaiver.htm>
- The following policy issues were briefly discussed:
 - Capitation,
 - Payer of Claims,
 - Rate Setting Authority,
 - Closed Network,
 - Utilization Management, and
 - Care Management.
- Involving the SCFAC and local SCFACs is a key Division goal. For example, the LME will need to submit a letter of support from their CFAC with their application to be considered as a Waiver entity. The minimum requirements for a LME to become a Waiver entity are:
 1. Total population size or Medicaid eligible covered persons.

SCFAC members expressed support and interest in the Medicaid Waiver project and requested regular updates on the Medicaid Waiver starting with the March and May meetings.

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	<ol style="list-style-type: none"> 2. Divested from providing services. 3. Successful management of Single Stream Funding. 4. 3 Year Accreditation as a Management Entity with NCQA/URAC. 5. Must possess a computer system capable to perform the functions of a managed care organization. 6. Ability to carry out and demonstrate the functions of a waiver entity as required by CMS, DMA and DMH and as specified in the contracts. <ul style="list-style-type: none"> • Several SCFAC members requested that the Division involve more consumers and family members as they move to the implementation phase.. There was also discussion on ways the LME has involved other advocacy organizations in the local community. Yvonne Copeland, NC Council for Community Programs, acknowledged that the NC Council embraces the Waiver and CABHA model and stated that the LMEs need to encourage and engage in discussion with the local consumers, citizens and businesses. 	
Legislative Oversight Committee (LOC) Update	<ul style="list-style-type: none"> • Andrea Stevens stated that the SCFAC Services Task Team would include SCFAC support in their upcoming LOC presentation. 	
Next Meeting Date	<ul style="list-style-type: none"> • The next meeting is scheduled for March 11, 2010 from 9:30 A.M.-3:00 P.M. The meeting will be held in the Four Sisters Room at the Clarion Hotel State Capital, 320 Hillsborough Street, Raleigh, N.C. 	
March 2010 Meeting Agenda	<ul style="list-style-type: none"> • Approval of the Agenda. • Approval of the January 2010 minutes. • Approve the Bylaw changes. • Public Comments/Issues. • Discussion with Division Leadership. • Mike Watson, Assistant Secretary. • Nominating Committee Report. • External Advisory Team update. • Peer Support Specialist presentation. • Medicaid Waiver Update with Ken Marsh. • LOC update. • Executive Leadership Team update. • Task Team Work session. 	