



**STATE CONSUMER AND FAMILY ADVISORY COMMITTEE**

**MEETING MINUTES**

**Date:** Wednesday, June 12, 2019 **Time:** 9:00 am

**Location:** Dorothea Dix Campus, Ashby Building  
1987 Umstead Drive, Raleigh, NC 27603

<b>MEETING CALLED BY</b>	Benita Purcell
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<b>TYPE OF MEETING</b>	State Consumer and Family Advisory Committee
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**ATTENDEES**

COMMITTEE MEMBERS			GUESTS		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT

Jean Andersen	Cardinal Innovations	<input checked="" type="checkbox"/>	Dorothy Barrett		<input checked="" type="checkbox"/>
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April DeSelms	Eastpointe	<input checked="" type="checkbox"/>	Emily Bridges	Cardinal Innovations	<input checked="" type="checkbox"/>
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John Duncan		<input checked="" type="checkbox"/>	Bob Crayton	Cardinal Innovations	<input checked="" type="checkbox"/>
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Mark Fuhrmann, <i>Vice Chair</i>	Partners BHM	<input checked="" type="checkbox"/>	Michael Fortillas	Centene Corporation	<input checked="" type="checkbox"/>
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Wayne Petteway	Trillium Health	<input checked="" type="checkbox"/>	Juanita Jefferson	Cardinal Innovations	<input checked="" type="checkbox"/>
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Benita Purcell, <i>Chair</i>	Cardinal Innovations	<input checked="" type="checkbox"/>	Timothy Simmons	Cardinal Innovations	<input checked="" type="checkbox"/>
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Ron Rau	Sandhills Center	<input checked="" type="checkbox"/>	Doug Wright	Alliance Health	<input checked="" type="checkbox"/>
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Lori Richardson	Sandhills Center	<input checked="" type="checkbox"/>	<b>GUESTS: CONFERENCE CALL</b>		
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Susan Stevens	Cardinal Innovations	<input checked="" type="checkbox"/>	Sarah Potter	Cardinal Innovations	<input checked="" type="checkbox"/>
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Brandon Tankersley	Alliance	<input checked="" type="checkbox"/>			<input type="checkbox"/>
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Lorraine Washington	Eastpointe	<input checked="" type="checkbox"/>	<b>STAFF</b>		
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Brandon Wilson	Vaya	<input checked="" type="checkbox"/>	NAME	AFFILIATION	
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<b>COMMITTEE MEMBERS: CONFERENCE CALL</b>			Kate Barrow	DHHS, DMH/DD/SAS- CE&E Team	
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Jonathan Ellis	Trillium Health	<input checked="" type="checkbox"/>	Baileigh Baker	DHHS, DMH/DD/SAS- <i>Intern</i>	
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Catreta Flowers	Trillium Health	<input checked="" type="checkbox"/>	Janet Breeding	DHHS, DMH/DD/SAS- LME Performance Team	
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Mitchell Gatewood	Vaya	<input checked="" type="checkbox"/>	Pamela Champagne	Maximus (DHHS, <i>Contractor</i> )	
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Angelena Dunlap-Kearney	Cardinal Innovations	<input checked="" type="checkbox"/>	Debra Farrington	DHHS, Medicaid	
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Pat McGinnis	Vaya	<input checked="" type="checkbox"/>	Stacey Harward	DHHS, DMH/DD/SAS- CE&E Team	
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Deborah Page		<input checked="" type="checkbox"/>	Sarah Hoffman	DHHS, DMH/DD/SAS- <i>Intern</i>	
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<b>COMMITTEE MEMBERS: ABSENT</b>			Jonathan Kappler	DHHS, DMH/DD/SAS- Chief of Staff	
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Kenneth Brown		<input type="checkbox"/>	Janie Shivar	DHHS, DMH/DD/SAS	
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Ben Coggins		<input type="checkbox"/>	Jeff Smith	DHHS, DMH/DD/SAS	
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			John Sullivan	DHHS, DMH/DD/SAS- CSCR Team	
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			Glenda Stokes	DHHS, DMH/DD/SAS- CSCR Team Lead	
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			Melissa Swartz	DHHS, NC DD Council	
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			Larkin Turman	DHHS, DMH/DD/SAS- <i>Intern</i>	
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### 1. Consent Agenda & Approval of May Minutes

<b>Discussion</b>	<p>The State CFAC members reviewed the May minutes of the State Consumer and Family Advisory Committee Meeting and the State to Local Conference Call; there was no discussion or recommended changes.</p> <p>The group discussed attendance at the SCFAC meetings and that members have been proactive in letting staff know whether they will be participating in-person, by phone or if they are unable to attend. Benita Purcell announced that the meetings will be moving to the Public Health building in July, except for the August and September meetings, which will be held at the Lineberger Building on the Dix Campus due to conflicts at Public Health.</p> <p>Benita updated the SCFAC members about a letter received from Rep. Verla Insko about HB 963 and updates on HB 250. The group discussed the status of HB 250 and the addition of the TBI seats to SCFAC. There was a brief discussion of the loss of single stream funding and the public crisis that will possibly occur.</p>		
<b>Conclusions</b>	Susan Stevens motioned to approve the May SCFAC and State to Local Conference Call minutes. Lori Richardson seconded. Motion carried.		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
Send out information about the location change, meeting dates and conference call schedule.	Kate Barrow	July 1, 2019	

### 2. Public Comment

<b>Discussion</b>	No Public Comment was made.		
<b>Conclusions</b>			
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	

### 3. Elections

<b>Discussion</b>	Jonathan Ellis opened the floor for nominations for State CFAC Chair and Vice Chair.		
<b>Conclusions</b>	<p>Having no nominations from the floor, Jonathan Ellis motioned to close nominations. Ron Rau seconded. Motion Carried. The SCFAC members voted using the paper ballots in their folder or by electronic ballot to the State CFAC email address.</p> <p>The results of the vote are as follows:</p> <ul style="list-style-type: none"> <li>- Chair: Benita Purcell received 16 votes; Wayne Petteway received 1 vote</li> <li>- Vice-Chair: Mark Fuhrmann received 15 votes; Brandon Tankersley received 1 vote</li> <li>- One ballot was missing a Vice-Chair vote</li> <li>- Two electronic ballots were not submitted</li> </ul> <p>During this portion of the meeting, Benita Purcell recognized two members whose terms end on June 30<sup>th</sup>. Patty Schaeffer and John Duncan received a certificate of recognition for their service to State CFAC. Kate provided an update on the vacancy postings for DHHS and the House. DHHS will reopen the Mental Health Vacancy for John Duncan’s seat. This position is not region specific; the House vacancy (Patty Schaeffer’s seat) is specific to the Western region, but not disability specific.</p>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
Resend the DHHS vacancy announcement and application.	Kate Barrow	June 13, 2019	



Send current members their term dates and appointment letter (if DHHS).	Kate Barrow	July 10, 2019
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#### 4. Committee Work

<b>Discussion</b>	Benita Purcell gave a debriefing of the Legislative Event in May. She mentioned that the participants for that event met the day before to review the talking points for the event, some best practices for following up, and the schedule for the day. The YouTube video taken by an Alliance CFAC member was shared with the group. Benita discussed the importance of starting early for this event next year and asked if this would be of interest to the members.	
<b>Conclusions</b>	The group decided to move forward with planning for the 2020 Legislative Event. Wayne Petteway motioned to form a Legislative Subcommittee for the July meeting to begin the planning process for this event. Brandon Tankersley seconded. Motion carried.	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
Resend the talking points from the 2019 Legislative Event and the Legislative Subcommittee Charter to the group.	Kate Barrow	July 10, 2019

#### 5. Healthy Opportunities

Erika Ferguson, *Director*  
*Office of Healthy Opportunities, NC Public Health*

<b>Discussion</b>	Erika Ferguson provided a presentation on the Healthy Opportunities program through Public Health. She highlighted the initial domains of the program, which include Food Scarcity, Housing Stability, Transportation, Interpersonal Safety, and Employment. She showed the SCFAC members and attendees the interactive map that allows users to view what areas are affected by the initial domains. She mentioned that the map also displays geographical health and economic disparities. Erika reviewed the rollout timeline for the Healthy Opportunities program, which is in its first phase. She discussed the NCCARE360 network, a database that unites healthcare and human services organizations with a shared technology platform, that allows providers to make referrals for individuals to specific community-oriented groups for additional services. She talked about how Public Health is taking steps to build the coordinated network and how individuals are referred to services, taking a “no wrong door” approach. Erika mentioned that the program is currently launched in 12 counties and will go-live statewide on June 30 <sup>th</sup> . Anyone can use NCCARE360 and funding for the database is granted through a foundation. Brandon Wilson related what NCCARE360 is doing to what NCServes has done to support Veterans. He discussed how this platform operates in “real time” and how data on what works well, and what doesn’t can then be shared with County Commissioners or Legislators to assist with resolving issues.	
<b>Conclusions</b>	The State CFAC would like to have Erika Ferguson back in 6 months to give an update on the presentation.	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>

#### 6. LME/MCO Provider Steering Committee

Sara Wilson, *Director, Government Relations*  
*Alliance Health*

<b>Discussion</b>	Sara Wilson, with Alliance Health, presented the Press Release and website for the #CareforNC Campaign. The campaign is a partnership between all 7 LME/MCOs to gather and share positive messages about people who receive services through the state’s public behavioral health system. The idea is to educate the public and policy makers about the value of the system to those who
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	access services, highlighting what is working in the community. This is a grassroots, social movement and is not part of the Division; it's a collaboration between the LME/MCOs and the community. A toolkit will be available by the end of the week. Materials and videos can be viewed by visiting the website at <a href="http://www.CareforNC.org">www.CareforNC.org</a> . The Provider Steering is seeking support from the State CFAC for this campaign by sharing the information.	
<b>Conclusions</b>	The SCFAC has a question about the campaign: How to determine if this is successful – if no single stream funds are cut would be huge and how many much activity is happening on the site, getting the message to the Legislatures and getting a unified message from all LME/MCO's.	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
<ul style="list-style-type: none"> <li>- SCFAC call to action concerning this campaign – asking the SCFAC to get the word out concerning this campaign- get the word out send in your stories</li> <li>- To submit story contact Anna-Marshall Wilson-annamarshall@eandvgroup.com</li> </ul>		On-going

## 7. Division Updates

Kody Kinsley, *Deputy Secretary*  
 DHHS, Div. MH/DD/SAS

<b>Discussion</b>	<p>Kody Kinsley provided an update from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services. He thanked the two reappointed members, Mark Fuhrmann and Lorraine Washington, for their interest in continuing to serve on State CFAC and asked SCFAC members to share information about applying for the current Mental Health vacancy. Currently, DHHS Secretary has one MH vacancy and the House has one appointment from the Western Region. Kody discussed the budget proposal, and where the General Assembly is in the process. He discussed the single stream funding issue; that the budget had been temporarily cut and the House and Senate were allowing those cuts to expire. He also discussed that group home stabilization is proposed in both budgets. Other budget issues include Direct Support pay- direct care staffing continues to be an issue because of the low pay; there is work being done to increase payment for direct support staff. The TBI definition and representation on State CFAC for TBI members is still on the table as part of the budget proposal. The Regions are still in review; Secretary Cohen and DHHS will be taking this under advisement and will a final decision will be made by end of June or early July. Electronic Health Record: going forward providers will have to have electronic health records- the state is getting the HIE (Health Information Exchange). Legislature stated that everyone must have Electronic Health Records (EHR) – the department has the flexibility to extend the time frame, but the state will continue with the HIE.</p> <p>Kody asked Kathy to provide a brief update on changes made to the Tailored Plan. Kathy provided information on the difference between “Autoenrollment” and “Auto-assigned.” Beneficiaries will still have the option to choose, in a “raise your hand” process, if they prefer one plan over another. Additionally, she discussed that there were some additional changes related to severe mental illness diagnosis occurring before the age of 18 that would qualify a person for the Tailored Plan. Several diagnoses were missed in the initial definition and were added back in.</p> <p>Question:</p> <ol style="list-style-type: none"> <li>1. Where are they in the process of PHP appeals?       <ol style="list-style-type: none"> <li>a. There are no updates on the PHP appeals or where that process currently is.</li> </ol> </li> <li>2. Is there any hope for Medicaid Expansion?</li> </ol>
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	a. There is a glimmer of hope; CFACs need to talk to their legislators and county commissioners.		
<b>Conclusions</b>			
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	

### 8. Tailored Plan/Care Management Discussion

<b>Discussion</b>	Mark Fuhrmann led a discussion on the policy paper released from the Division. The group discussed their concerns and Mark collected information from the group. He invited members to send him additional comments and feedback so that he could draft a response letter to the Division.		
<b>Conclusions</b>			
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
Responses to policy paper, due before June 28 <sup>th</sup> .	Mark Fuhrmann		

### 9. Customer Service & Community Rights Team Presentation

Glenda Stokes; Christopher Revelle; John Sullivan  
 DHHS, Div. MH/DD/SAS

<b>Discussion</b>	Glenda Stokes gave a presentation on new fact sheets, including the following: <ul style="list-style-type: none"> <li>- “Raise the Age Initiative” about 16/17 age youths who commit crimes in North Carolina will not be charged as an adult (depending on charge) in the criminal justice.</li> <li>- Psychiatric Advance Directives – has information on where to locate the information on this topic, on the bottom of our page will have how to register your wishes, <a href="https://naminc.org">https://naminc.org</a> website, and the National Resource Center on Psychiatric Advanced Directives: NC <a href="https://www-pad.org/states/north-carolina/">https://www-pad.org/states/north-carolina/</a> please provide any additional information</li> <li>- Consumer Handbook- this is something that we are working on appeal rights if the service is state funded. We would like to have a single place to go to find the information on appeals, you have 11 calendar days (this does include weekends) to file an appeal to the state.</li> </ul> Glenda asked for feedback on the handouts and initiative.		
<b>Conclusions</b>	The State CFAC provided feedback and will follow up with any additional comments.		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	

### 10. Maximus Presentation

Pamela Champagne, NCEB Deputy Director, Health South  
 Maximus

<b>Discussion</b>	Pamela Champagne provided an overview of the Enrollment Process and Maximus procedures for assisting and helping beneficiaries from the enrollment broker perspective. Key points from this presentation include: <ul style="list-style-type: none"> <li>- Enrollment broker is an individual or entity that performs choice counseling or enrollment activities or both.</li> <li>- <b>Eligibility services are completed by the state not by an enrollment broker.</b></li> <li>- Maximus provides: unbiased, culturally competent choice counseling services to beneficiaries. - Simplify the enrollment process so it is easy for consumers to understand and satisfy program requirements – achieve improved voluntary choice rates for better health outcomes.</li> <li>- 2 choices – NC Medicaid Direct (Fee for Service, managed by the state) or NC Managed Care – (managed by insurance 4 region plans except for region 4 &amp; 5 which will have 5)</li> </ul>		
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	<ul style="list-style-type: none"> <li>- Exempt categories include I/DD and people with complex health care needs, either a Federally recognized tribe. The State determines who falls into this group.</li> <li>- Maximus is training are staff to listen for trigger words that would let them know that they would need to stay in NC Medicaid or provide them with a form that they have to complete so that they will be relooked at for NC Medicaid.</li> <li>- Medicaid ID # will be the same with either plan – it will not change.</li> <li>- A person can change their plan based on need</li> </ul> <p>Pamela continued with a discussion on outreach efforts to reach certain populations and how Maximus plans to correspond with people who have limited access to internet and other resources. Maximus is currently hiring outreach specialist that live in each Region and are working with the local DSS who might be able to provide support- all enrollment events will be listed on the Maximus website. Maximus may not be in every county, but they will be in every region and are working with the state to work on these events. DSS will be having trainings, as well as a toolkit – fact sheets, posters, video’s that will play on a loop etc.</p> <p>Grievances- beneficiaries will receive information on how to file a grievance; Maximus wants to resolve the issue at the time that they are notified, then send the person who filed a grievance a summary of that discussion. If Maximus is not able to solve on the spot, they will send the beneficiary a letter or notice about what Maximus is doing to resolve this issue and where they are in the process.</p>	
<b>Conclusions</b>	Concerns raised include reaching transient populations, such as homeless	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
Power Point is available online and NC Medicaid Transformation playbook.		

<b>Meeting Adjourned:</b>	<b>Next Meeting:</b>
The meeting adjourned at 3:13 pm. Ron Rau motioned. Wayne Petteway seconded. Meeting adjourned.	July 10, 2019