SCFAC Slide Deck From September Meeting

Public Comment

- To provide a little background, I am an EOR for my adult brother who has limited verbal communication and who also has diagnoses of I/DD, and autism. Additionally, due to a recent unexpected surgery, he also has a great need for physical assistance. My current main concern and the reason I joined today's call was to advocate for the extension of Appendix K flexibilities, specifically those that allow EOR's and RADSE's to work as service providers for their loved ones. The reasoning behind this request is that the formation and implementation of these flexibilities did not just address an emergency situation that occurred at the onset of the COVID-19 pandemic, it also created a solution for many pre-existing issues. In our situation, it allowed me to work as a care provider for my brother, who is an innovations waiver recipient when no other staffing solution existed. We live in a very rural area and had already had a hard time hiring employees whom we could trust to provide quality care and who were willing to drive to the area in which we live. In fact, we had only 1 staff person who fit this criteria and when the pandemic started we quickly lost that lone support. This was very concerning for us but thankfully Appendix K flexibilities existed that allowed me to fill the hole left behind by her resignation, and I have been solely employed as his care provider since that time. This is a role that I do not take lightly and with being allowed to work this long in this capacity, my brother has found stability in a very uncertain time. The point I would like to make is that the federal government declaring the end of a pandemic does not ensure a resolution to the pre-existing staffing crisis. It also would create an unstable environment for my brother to essentially rip away the support he has come to know and trust come November 11th. We need time and viable planning options to ensure his quality of care will be maintained moving forward and personally, I feel the best way to ensure this happens is to allow the continuance of the EOR's ability to work as a provider. Additionally, the continuance of RADSE's to be able to work with loved ones in the greatest extent possible is also requested as this allowance has been the only way I have been able to ensure coverage for the hours I am not able to cover.

I thank you for taking the time to review my concern and I humbly ask that you use this insight to make a recommendation to DHHS on our behalf.

I am chair of the Orange County CFAC for Alliance Health. I am also chair of a grassroots parent group of some 250 families called PACID: Parent Advocates for Adult Children with I/DD. My comments are being made in that last capacity. It's my observation that I/DD is largely overlooked, especially in the area of housing. State and local housing programs are geared toward helping people with MH or SU problems, moving people from institutions rather than family homes, housing the homeless, keeping the elderly in their homes, and making housing affordable for working families. All worthy causes, but overlook the tens of thousands of adults with I/DD who have left school and need to get on with their lives, with most having incomes below 30% AMI. This has forced parents (usually moms) to quit their jobs to care for their adult child at home. Federal housing programs targeted to adults with I/DD are maxed out and not expanding. Finally, as a reminder, I/DD is not like MH and SU: many of our kids have never lived on their own before, lack cognitive and verbal skills to deal with landlords and the application paperwork, and will never be "cured" of their disability through medication management or therapy. People with ID account for only 2% of the population, and those with moderate to profound ID are only 15% of THAT. These more disabled kids are invisible, hidden in family homes. They and their families need viable options for housing, be it through group homes, ICFs, or independent living.

Hello, My name is Laura Dellicker, and I am a parent to a CAP/C beneficiary who requires PDN to stay in his home and out of the hospital. I am a single parent caring for my medically fragile and complex child. I would like to share with you how dire the staffing crisis is, as well as the behavior of PDN agencies. My son's case is currently staffed 4 hours per week, but in only two weeks, will be staffed 0 hours per week. This is because the only agency providing any hours of care - Bayada Pediatrics of Raleigh - is adamant about discharging him effective 9/22/23. They report that the last time they staffed him over 20 hours per week was on 8/22/23, and PDN policy says they must discharge after 30 days. I have been unable to verify this policy. I have called the ombudsman's office to verify and have still been unsuccessful. Please see the attached agency contact log, which details my attempts since May of 2022 to staff my son's case. Our CAP/C case manager has sent out multiple rounds of referrals and is always willing to send more. But without billing codes for other services laid out in the newest waiver, her hands are tied to support us further. Contacting these agencies and continually having to track people down, beg for a return call, etc. is almost a full-time job. And that is on top of my full-time job as a social worker, and my full-time job of being the SOLE provider and caregiver for my medically complex child. His care requires approximately 8 hours of hands-on care per week, including 3 hours of complex, exhausting, physically laborious wound care per day. My job is at risk due to the PDN crisis and being woefully understaffed. Our family's income and livelihood is at stake. In addition, NC Medicaid does not cover the $80K per month of my son's life-saving bandages. My private insurance through my employer covers this. If I lose my job, we lose access to my son's life-saving medical supplies. In addition, the last two nurses that have been provided by these agencies have put my son in significant danger. One of them left him alone, unattended, during a potentially life-threatening emergency, while she took a phone call outside. This quality of care is absolutely unacceptable. The attached document gives you just a small glimpse into how dire the situation is. I ask that you please read it thoroughly. Please do not simply advise me to contact our case manager - she is well aware of the situation. Unless the nursing pay rate is increased, allowing home health to compete with local hospitals, and/or I am allowed to be paid a livable wage to care for my son, I do not see anything changing. And my son's life is at stake. Nursing Agency Contact Log Patient: 9-year-old ambulatory male with two unrelated rare genetic conditions, skilled nursing needs include g-tube feeds and medications, appendicectomy flushes, complex wound care, and ongoing assessment Location: Chapel Hill, NC Family composition: Single parent household, a parent is the only source of income. The parent's job is at risk due to a lack of nursing. Staffing needs: 84 hours per week Currently staffed: 4 hours per week (as of 9/11/23), but as of 9/22/23 will be 0 hours per week due to Bayada discharging patient against parent wishes, citing PDN policy that "cases must be discharged unless being staffed 20+ hours per week" [parent has been unable to verify this policy with PDN] Angels of Care, Atlantic, Aveanna, Bayada, Cornerstone, Home Rule, IntelliChoice, MGA, Spring Valley Living, Thrive, Maxim, Well Care, Creative Home Care, First Choice, Premier, Infinium, Fidelity, Dynamedics [contact log could not be copied/pasted due to lack of space, but all of the above agencies have been contacted monthly since May 2022 and none have a single nurse]

- Under the Innovations Waiver-It allows parents who were hired as RADSE/RAP from 2015 and before to work with their child past the 56-hour limit. The 56-hour limit was imposed on parents hired from 2016 and onward. This needs to be removed if some parents are allowed to work all service hours, then it be allowed for all parents.

- What is the state doing to replace GT Independence, since GT has dropped its contract and is no longer providing services? GT stated that this was due to non-payment from Alliance Health. This will have an enormous impact on everyone receiving care on the NC waiver programs, in particular those self-directing care. How and when will this be resolved?

- What is the state doing to to replace the services provided by Outreach Health, now that Outreach has dropped its contract and refuses to provide services to NC? Outreach stated that they cannot continue services because of non-payment from Alliance Health. How is the state resolving this? This will have an enormous impact on all families on waiver programs, especially those self-directed.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Mental Health,
Developmental Disabilities and
Substance Use Services

SCFAC Updates

Kelly Crosbie, MSW, LCSW
Director, DMHDDSUS

August 2023

Agenda

1. Medicaid Expansion Update
2. Budget Update
3. DMHDDSUS Strategic Planning Update
4. Provider & Consumer Webinar Update
5. CIE/Inclusion Works
6. Awareness Events & Communications Update
7. Annual Report Deliverables Status Update
8. Accessible Communications Campaign Update

Medicaid Expansion Update

Medicaid Expansion Updates

- Medicaid Expansion will not launch on October 1 because the General Assembly has not released the budget yet
- When Medicaid Expansion launches, it will
  - provide 600,000 North Carolinians with access to the care they need to live better, healthier lives
  - support current BH providers and increasing their numbers across the continuum of care, from crisis and prevention services, to community-based services, residential care, and in-patient hospital services

What does Medicaid Expansion mean for state resources?

- The federal opioid response and block grants could be spent on other wrap around supports that make recovery possible. That's about $100 million a year in money better spent.
- Our existing funding for safety net care ($275 million annually) could be spent on things Medicaid doesn't cover, like more crisis services, and supports for individuals with intellectual developmental disabilities (I/DDs) and their families.

Budget Update

Budget Update: DHHS Bill (Session Law 2023-65)

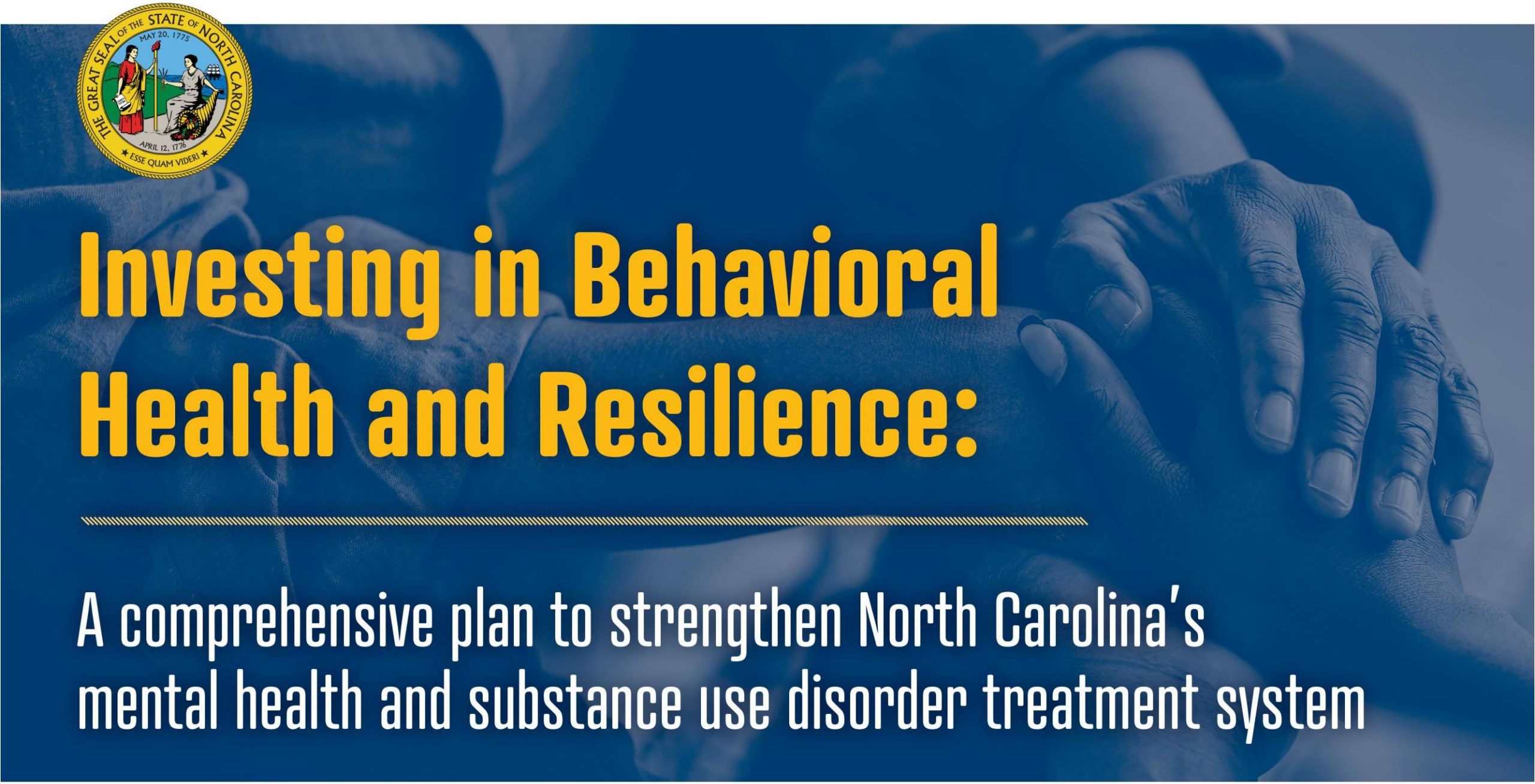
- Part V—officially changes the Division's name from "DMHDDS**A**S" to "DMHDDS**U**S"
- Parts X-XIII, including the establishment of Mobile OPT units (requires rule)
- Section VIII changes the name of DVRS to Division of Employment and Independence for People with Disabilities
- Updates to CSRS reporting (Gabapentin)

Budget Update: What did we (Gov) ask for?

- **$17M** to expand our Transitions to Community Living Initiative
- **$10M** to expand competitive integrated employment
- **$270M** to increase Direct Care Workforce rate to $18/hr
- **$177M** to increase the personal care service rate by $2.18/hr to support the Direct Support Professional Wage Increases in the PCS and Community Alternative Programs

Budget Update: What did we (Gov) ask for?

- **$126M** for 2,000 more Innovation slots and outlining a path to end the waitlist for care
  - 1,800 in 2025
  - 1,800 in 2026
  - 2,200 in 2027
  - 2,200 in 2028
  - 2,400 in 2029
  - 2,400 in 2030
  - 2,400 in 2031
- **$100M** for children with complex needs, including at-home care, respite, and community-based services (DCFW)
- **$11M** for crisis stabilization for children (DCFW)



Investing in Behavioral Health and Resilience:

A comprehensive plan to strengthen North Carolina's mental health and substance use disorder treatment system

KEY INVESTMENTS TO STRENGTHEN NC'S BEHAVIORAL HEALTH SYSTEM:

1 Make behavioral health services more available when and where people need them

- Raise Medicaid reimbursement rates for behavioral health services ($225 million)
- Improve access to routine, integrated care in communities and schools ($175 million)
- Address the intersection of the behavioral health and justice systems ($150 million)

2 Build strong systems to support people in crisis and people with complex needs

- Build a strong statewide behavioral health crisis system ($200 million)
- Transform child welfare and family well-being ($100 million)
- Create sustainable hospitalization and step-down options ($100 million)

3 Enable better health access and outcomes with data and technology ($50 million)

DMHDDSUS Strategic Planning

Strategic Planning Objectives: What Do We Hope to Accomplish?

Articulate *Purpose*

Envision *Outcomes*

Invite *Collaboration*

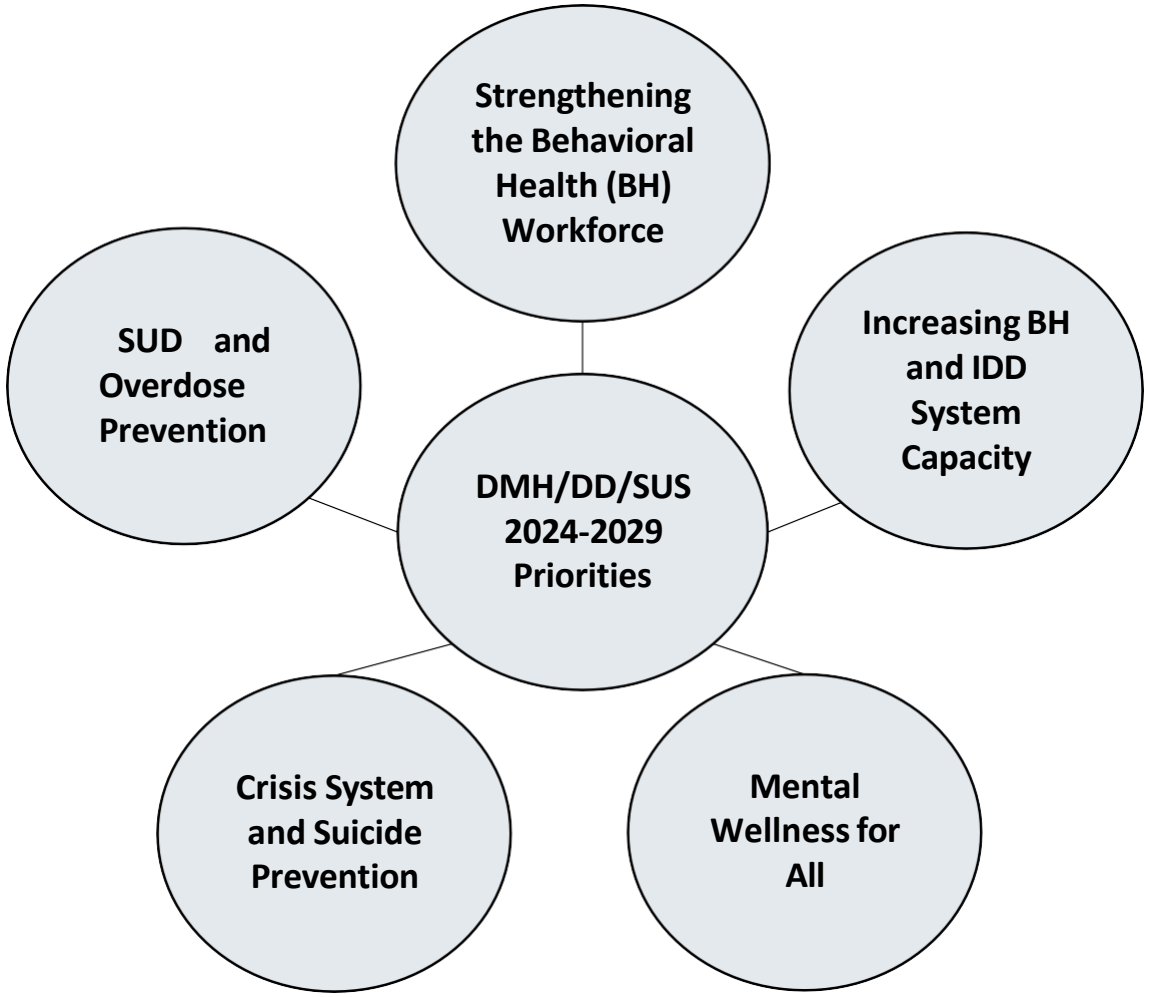
Inspire *Change*

Goal: Everyone contributes. Everyone engages.

Structure of the Strategic Plan (Leadership Summit RECAP)

Brainstorm: Priorities and Guiding Principles for DMHDDSUS (Leadership Summit RECAP)

DRAFT Strategic Priorities



DRAFT Guiding Principles

- Leadership
- Equity
- Evidence-Based & Best Practice
- Trauma-Informed
- Data-Driven & Continuous Quality Improvement
- Statewide Access

Reflecting on the SAMHSA framework of strategic priorities and guiding principles:

- How would you articulate the strategic priority areas for DMHDDSUS? Particularly given the scope of populations that we serve (MH/BH, SUD, IDD, TBI)?
- What guiding principles would you suggest?

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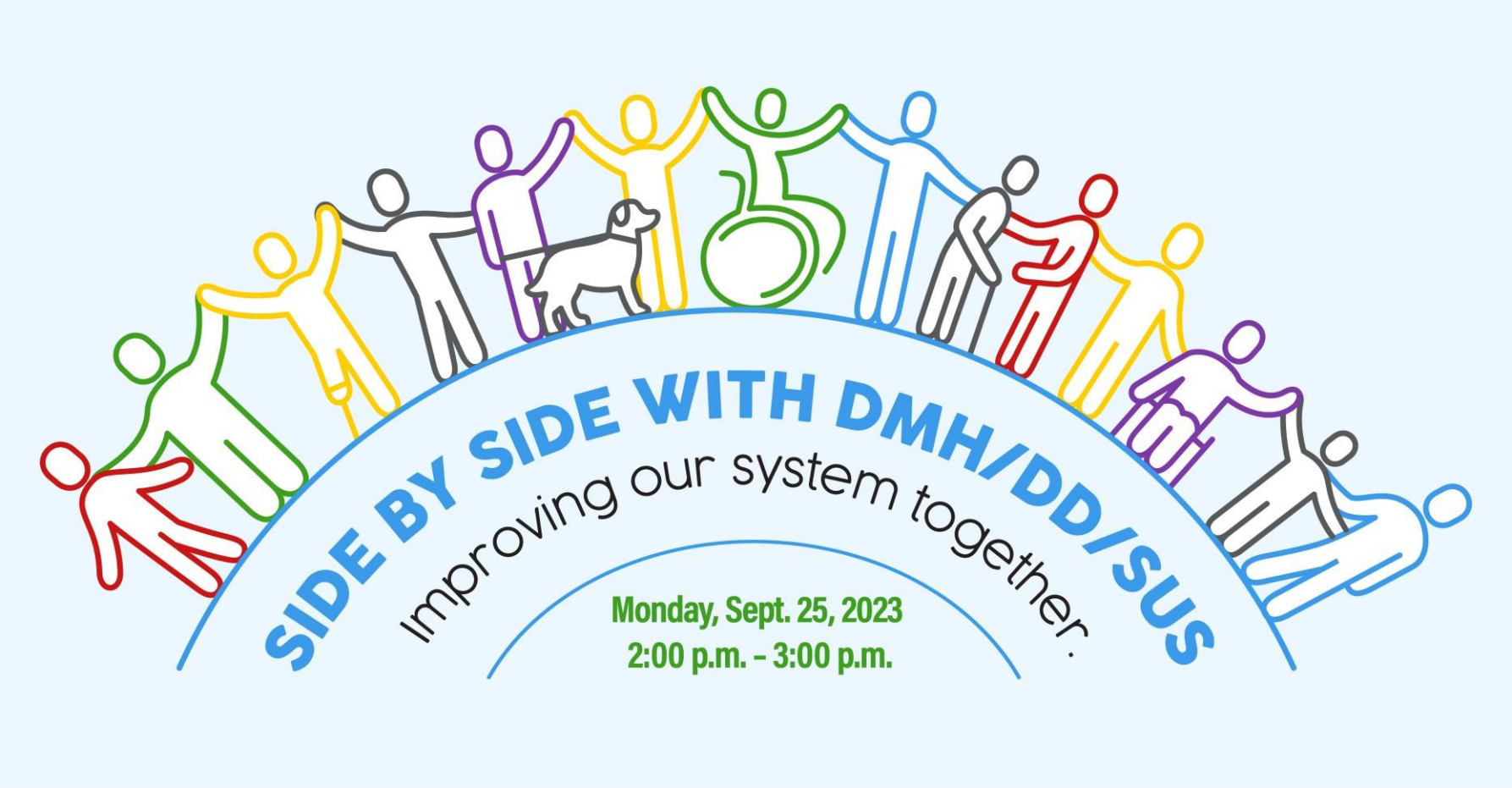
Strategic Planning Process Overview

Provider & Consumer Webinar Updates

Provider & Consumer Webinar Updates



Provider & Consumer Webinar Updates

Provider & Consumer Webinar Updates

CIE & Inclusion Works

Inclusion Works

- **Inclusion Works** is a NCDHHS Initiative to promote Competitive Integrated Employment (CIE) for individuals with I/DD
- The name **"Inclusion Works"** represents DHHS's priorities and values of creating a diverse and inclusive workforce. We believe North Carolina is stronger when everyone is included in our workplace and communities.
- Our new icon highlights the unified support network within **Inclusion Works** with the individual at the center**:**

- The **Inclusion Works** approach recognizes all groups in the network must work together the to achieve the best outcomes

Inclusion Works

- Everyone has a right to work in an integrated setting for fair pay if that is their **choice.**
- **Inclusion Works** offers the following services to help individuals with I/DD find and maintain jobs in the community:
  - Division of Vocational Rehab:
    - Counseling
    - Employment Assessments and Career Planning
    - Pre-Employment Transition Services
    - Job Training
    - Internships
- Supported Employment services (both Medicaid and State-funded)
- Additional services intended to lead to CIE that make up meaningful day
- There are many exciting developments coming soon for **Inclusion Works**. Stay connected to learn about the 1915i Supported Employment options, new opportunities for community engagement, and Provider Innovation Training

Awareness Events & Communications Updates

Awareness Events & Communications Updates

- September is:
  - Hispanic Heritage Month
  - Fetal Alcohol Syndrome Awareness Month
  - Suicide Prevention Awareness Month
  - National Recovery Month
    - Collegiate Recovery Programs
    - Recovery Community Centers
- Planned press releases:
  - Recovery awareness month
  - Suicide prevention awareness month

- Upcoming events:
  - Fetal Alcohol Spectrum Disorder Awareness event on Wednesday, September 27th from 12:30-2:00pm
  - How to Manage Recovery in College webinar on Thursday, September 21st from 1-2:30 pm
  - Recovery Community Centers: How They Help - Stories of Those in Recovery webinar on Thursday, September 28th from 12-1:30 pm

SCFAC Annual Report Deliverables: Status Update

SCFAC Deliverables

Area	Deliverable	Due Date
Peer Support	Contract with Manatt to complete comprehensive review of NC PSS Program.	July -December 2023
Peer Support	Develop funding plan for FY23/24 PS Initiatives that maintains or exceeds current funding levels	9/1/23
Peer Support	Increase funding levels for Peer Support Services in successive years	FY24/225
Peer Support	Reopen yearly application process	8/1/23
Communication	Present Accessible Communications Plan	12/31/23
Veterans	Continued elevation of NCServes. Continued conversation about needs of veterans/military/families and promote innovative and specialized treatment and resources that support population	12/31/23

SCFAC Deliverables

Area	Deliverable	Due Date
Veterans	Continue to participate in Governors Working Group for Veterans	12/31/23
Veterans	Plan of Action developed for “Ask the Question” campaign	10/1/23
Reporting	Develop and share plan for providing data to SCFAC prior to TP launch	9/1/23
Reporting	Provide data to SCFAC on annual basis after start of TP	TBD
IDD	Advocate for additional Innovations slots	Ongoing
IDD	Develop and share comprehensive plan to address issues identified in Report	11/29/23

Peer Support

Benefits of Peer Support

1. **Relatability & connection**: foster trust, empathy, and understanding, creating a safe and supportive environment for those seeking help
2. **Reduce stigma**: contribute to normalizing conversations around mental health and inspire hope in others
3. **Enhance engagement**: engage individuals actively in their own recovery. When individuals feel understood and empowered by their peers, they are more likely to participate in treatment.
4. **Community integration**: Encourage individuals to connect with their communities, participate in meaningful activities, and develop social networks.

Our Commitment

We respect and value the challenging work that Peer Specialists do therefore commit to:

- Developing a holistic and robust PSS Program that includes an accessible certification process, high quality training, specialized assistance and support and career development opportunities
- Working to increase not only the overall number of PSS in NC but the number who are employed as such and remain working in the field
- Continue to have conversations with SCFAC and other partners about new initiatives, best practices in the field as well as the need for specialized designations and trainings

Peer Support

Recommendation: Increase capacity in community based peer support services

Response: Develop funding plan for FY23/24 PS initiatives that maintains or exceeds current funding levels

Currently Funded Peer Support Programs

Program Type	Program Description
GTF Justice Grants	Peer Support Specialist working with 13 out of 17 diversion and re-entry programs for courts
BJA Justice Grants	Incorporate PSS into diversion, jails, and re-entry programs
North Carolina Problem Gambling Peer Support Help Line	24/7 helpline and referral source for individuals experiencing problems with gambling
CPSS Expansion	Embedding Peers into hospitals, prisons, jails, opioid treatment centers, recovery centers, etc.
Community Inclusion Allocation	Alliance, Eastpointe, Sandhills, & Partners to implement community inclusion to support TCL recipients
NAMI NC Inc.	Creating a Peer to Peer support group, with trainings and supports
Integrated Care Pilot (PIPBHC Grant)	Utilizing PSS in the integrated care setting to engage individuals

Currently Funded Peer Support Programs

Program Type	Program Description
Veteran Peer Support Program	Develop training for a special designation for Veterans
Healthy Transitions	Providing peer support to transition age youth, outreach, engagement, vocational skills, ages 16-25
Information and Referral Helpline (ADCNC)	24/7/365 Helpline that provides assistance and information regarding substance use primarily by peers
Pilot Peers ED Connections to the CARE Programs	Community Peer Support providers partner with Emergency Departments and support community connections post-discharge
Peer Warmline	Statewide peer run warmline supporting individuals over the phone
MORES Pilot Program	Provides follow-up care for youth ages 3-21 years old following a crisis service (MCM, ED, FBC, BHUC) using a team approach which includes PSS
VHB Pilot	Provides MHFA and MH Services through faith based organizations using a team approach with Community Health Workers and PSS

Currently Funded Peer Support Programs

Program Type	Program Description
Peer Operated Respite (PORS)	3- bedroom house short term respite stay, 24/7 crisis in Asheville
Peer Run Wellness Center and Incubator	Set up two new Peer Run Wellness Centers, Green Tree (Forsyth County) & No Wrong Door (Macon County)
Peer Living Room	Peer run drop-in center
IDD/MH Youth and Adult and their families	Peer Support for youth, adult, and families with MH & IDD
Peer Support Program	Family & Youth Advocacy and Support Organization- developing the workforce of youth and family peer supports
Certified Older Adult Peer Support Specialist (COAPS)	Providing PSS with a COAPS designation for working with individuals over the age of 55.
Justice Involved PSS	Training Courts on benefits of PSS

Peer Support

SFAC Recommendation: Increase capacity in community based peer support services

Response: Contract with Manatt to complete comprehensive review of PSS Program

NC Peer Delivery System

- Division has contracted with healthcare consulting firm to complete comprehensive review of current NC Peer Support landscape
- Help develop more robust, holistic program
- Involve consumer voice throughout entire process
- Kick-off meeting – September 11, 2023
- **Projected completion date** January 2024
- Deliverables: Vision for peer-led recovery and support system in NC; updated certification program; smart funding plan
- GOAL: Robust peer system; peers seek and maintain employment

Peer Support

SCFAC Recommendation: Re-open **applications for organizations to apply and receive accreditation to facilitate PSS training.**

Response: Will reopen process by August 1, 2023

Opening of New Certified Peer Support Course Curriculums

- Two training sessions - July 21 and July 31
- Approximately 80 different individuals and programs attend the two trainings
- New course curriculum submission window - September 1 - September 7
- Must pass a desk review to continue in process
- First review within 90 days and receive feedback from the 3 person team (UNC-BHS, one contractor, and DMH personnel)
- By the end of October will be able to report how many courses passed the desk review

Comprehensive Network Access Reporting

SCFAC Recommendation: Provide an annual Statewide Comprehensive Gaps and Needs Report

Response: DMHDDSUS will develop and share plan for providing data prior to Tailored Plan launch

Provide Annual Statewide Comprehensive Gaps and Needs Report

- DMH Quality Team in conjunction with the DHB network team will provide a comprehensive overview of the network analysis to SCFAC post Tailored Plan Go Live.
- In an effort to bring information to SCFAC about service access & consumer perceptions of service access prior to the network analysis being available. The DMH Quality Team will continue to bring information on:
  - Consumer surveys
  - Telehealth service utilization
  - LME/MCO performance measures related to service access
  - NC treatment Outcomes & Program Performance Data
  - Prevalence & Penetration
  - Service trends by LME/MCO – including demographic utilization information

Accessible Communications Campaign Update

Accessible Communications Campaign Update

- Discussed recommendations in March 2023
- **Major takeaways**:
  - SCFAC members want to be part of the solution
  - It is best if all DMHDDSUS communications are plain language
  - Communications need to be in at least two languages (Spanish and English)
  - Aim for the “right” reading level (between 3rd and 5th grade)
  - Use images and pictures as much as possible
  - Communicate in many different ways (including press releases, public service announcements, social media, and email)

Accessible Communications Campaign Update

- Our Accessible Communications Campaign is starting!
- We are working with a departmental vendor to build our plan (Neimand Collaborative)
- **Key short term goals**:
  - Translate existing content (does SCFAC have specific recommendations?)
- **Key long term goals**:
  - Culture change (lead by example)
  - Promote understanding of the services that are available (including how to get them)
  - Increase access to services by communicating in ways that reach more people
- **Next steps**:
  - Start a workgroup that includes people from DMHDDSUS, Medicaid, and SCFAC
  - Identify specific content to translate in plain language and/or Spanish
  - Figure out the most effective strategies for long term goals

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

NC Medicaid Transformation

September 2023

Overview

Managed Care Launch

MAC Charters

Deliverable Review

Managed Care Launch

The Move to NC Medicaid Managed Care

Since the passage of legislation in 2015 that began the state's transition to managed care, NCDHHS has worked closely with health plans, providers, beneficiaries and community-based organizations to design and prepare for implementation including;

- Developing benchmarks for quality care that plans must meet
- Building systems to share data across organizations
- Ensuring plans have enough providers to maintain access to care
- Developing policies to support beneficiaries as they transition to this new model

NCDHHS has prioritized stakeholder engagement and transparent communication to ensure those most impacted by this change have an opportunity to share input and are informed at each step of the process

The Move to NC Medicaid Managed Care

- About 1.7 million Medicaid beneficiaries have enrolled in Standard Plans

- Beneficiaries were able to choose from five Health Plans
  - AmeriHealth Caritas
  - Healthy Blue
  - United HealthCare Community Plan
  - WellCare
  - Carolina Complete Health:
    - Serving regions 3, 4, and 5

- Eastern Band of Cherokee Indians (EBCI) Tribal Option
  - Manages health care for North Carolina's approximate 4,000 Tribal Medicaid beneficiaries primarily in Cherokee, Graham, Haywood, Jackson, and Swain counties

All health care options, all regions went live on July 1, 2021

Moving to NC Medicaid Managed Care

- Some beneficiaries will stay in fee-for-service (NC Medicaid Direct) because it provides services that meet specific needs, or they have limited benefits

- Behavioral Health I/DD Tailored Plans launch - TBD
  - Plans will provide all of the same services as Standard Plans, as well as additional specialized services for individuals with significant behavioral health conditions, I/DDs and traumatic brain injury, and people using state-funded and waiver services
  - LME-MCOs will remain in place until Tailored Plans are launched
  - State and Regional Consumer and Family Advisory Committees (CFAC) retain role in advising Tailored Plans and NCDHHS

NC Medicaid Managed Care Responsibilities

NCDHHS: Provide Management and Oversight of Health Plans & EBCI Tribal Option	Health Plans & EBCI Tribal Option: Work with Providers to Provide Access to Care for Beneficiaries

• Pay health plans and the EBCI Tribal Option a per member per month (PMPM) payment to provide all care to beneficiaries
• Provides regulatory oversight of NC Medicaid Managed Care
  • Ensures health plans and EBCI Tribal Option are meeting their contractual obligations with the State
  • Monitor health plan clinical, financial and operational activities to ensure quality metrics are met
• Continues to support beneficiaries that will remain in NC Medicaid Direct
• Manages some services that remain covered by NC Medicaid Direct rather than NC Medicaid Managed Care
  • Dental services
  • Eyeglasses including complete eyeglasses, eyeglass lenses and ophthalmic frames
  • Services provided by Local Education Agencies
  • Services provided by Children's Developmental Agencies
	• Contract with health care providers to provide services to beneficiaries
	• Handle billing functions*
	• Respond to providers regarding claims, billing, referrals and other questions
	• Serve as the point of contact for beneficiaries and support members via Call Centers
	• Provide care coordination and care management for members
	• Help members understand their benefits and how to access them, including producing materials like member handbooks, welcome packets and educational materials
	• Collect and assess clinical data against Quality Measure goals and objectives to drive improved quality of care for members
	• Address and resolve Provider and Member grievances
	
	*For EBCI Tribal Option, providers bill NCDHHS directly

MAC Charters

Member Advisory Committees

Contract Requirements	Department Guidance to Plans

• Member Advisory Committee
  • The PHP shall establish a Member Advisory Committee to garner Member and stakeholder input and advice regarding the PHP's programs and policies.
  • The Member Advisory Committee shall reflect the geographic, racial, and cultural diversity of each Region covered by the PHP or their representatives, and include a majority (51%) of Member, consumer and family representatives.
• LTSS Member Advisory Committee
  • The PHP shall establish a LTSS Member Advisory Committee that garners stakeholder input and advice regarding the LTSS covered under the PHP contract, and meets all provisions noted in 42 C.F.R. § 438.110.
  • The LTSS Member Advisory Committee shall reflect the LTSS populations covered by the PHP or their representatives
• The PHP shall consult with both Committees at least on a quarterly basis.
	• Committee structure and cadence
	  • Sets each committee to be regionally based.
	• Accessibility
	  • Sets guidelines for ADA compliance, supporting Virtual attendance, and interpreters
	  • Recommends meetings times to be set to at times that support member participation
	• Charter
	  • Outlines the requirements of a MAC Charter that each plan will create and review with the committee.
	  • Defines Committee size
	• Member engagement
	  • Hosting in diverse locations
	  • Facilitate assistance to members to prepare for committee meetings.
	• Diversity
	  • Guidance to ensure diversity and membership reflective of services covered by the plans
	• Oversight
	  • The PHPs shall report to the Department and State CFAC at State.CFAC@dhhs.nc.gov on at least a twice per year frequency on feedback and outcomes of the MAC and LTSS MAC as a part of the Quality Assurance and Performance Improvement Plan

Deliverable Reviews

SCFAC Deliverable Review

- **Session Law 2021-77 - The CFAC shall undertake all of the following:**
  - **Review, comment on, and monitor the implementation of the local business plan, contract deliverables between area authorities and the Department of Health and Human Services.**
- **Recommended Deliverables**
  - Quality Assurance and Performance Improvement (QAPI)
  - Member Educational Strategy and Approach
  - Appeals and Grievances Policy
  - Network Adequacy publication

Questions?