Nothing About Us, Without Us.

North Carolina State Consumer and Family Advisory Committee

Lilly Parker, Chair
Ashley Snyder-Miller, Vice-Chair

Meeting Minutes
Hybrid Meeting | July 8,2026 9:00 AM – 3:00 PM

ATTENDEES					
Council Members					
Name	**In-Person**	**Virtual**	**Name**	**In-Person**	**Virtual**
Lilly Parker (Chair)	x		Lynn Martin		x
Ashley Snyder-Miller (Vice-Chair)	x		Jeannie Irby		x
Flo Stein	x		Johnnie Thomas		
Amie Brendle		x			
Angela-Christine Rainear					
Annette Smith	x				
Bob Crayton		x			
Crystal Foster		x			
Patty Schaeffer		x			
Nathan Cartwright					
Staff/Guests					
Name	**Staff**	**Guest**	**Name**	**Staff**	**Guest**
Ann Marie Webb			Moe Ebson	x	
Badia Henderson	x		Lisa Jackson	x	
Crystal Dorsey	x				
Erica Asbury	x				
Jennifer Meade	x				

Agenda Topic:	**Welcome/Roll Call/ Approval of Agenda and Minutes**
Presenter:	Lilly Parker, SCFAC Chair

Roll call was conducted and a quorum established. The agenda received a first and second motion and was unanimously approved. The June meeting minutes were likewise moved, seconded, and unanimously approved. Chair Parker reviewed housekeeping rules and meeting etiquette.

Agenda Topic:	**SCFAC Annual Report and Recommendations (2025-26)**
Presenter(s):	SCFAC Members

Crystal Foster, Annette Smith (Gaps & Needs Co-Chairs), Chair Lilly Parker, and Vice-Chair Ashley Snyder-Miller reviewed the ten Annual Report Recommendations, key deliverables, and SCFAC due dates. Recommendations are summarized for meeting minute purposes.

- **Rec 1: Increase in Direct Support Professional (DSP) Wages – Due: Long Session (Jan 2027)**
  - Raise DSP wages to at least $20/hr; request NCDHHS to seek higher waiver capitation rates (to address inflation & competitive wages)
  - Budget signed; includes $21M recurring state funds for DSPs.
- **Rec 2: Prioritize Innovations Waiver Slots & Develop a Two-Tiered Waiver System – Due: Mar 30, 2027**
  - Prioritize slot allocation; complete full waitlist review within six months.
  - Track quarterly data: waitlist numbers, wait times, removals with reasons, new additions.
  - Clarify policy on individuals refusing services.
  - Consider tiered waiver system based on need.

- Questions raised about foster care of children and assessment completion.

• **Rec 3: Develop and fund a Statewide Traumatic Brain Injury (TBI) ECHO (Extension for Community Healthcare Outcomes) Program – Due: Oct 1, 2026**
  - Develop and fund statewide TBI ECHO using grants and academic partners (such as Rural Health Transformation Program or RHTP, Administration for Community Living or ACL Grant, Managed Care Organization and NC Academic Medical Institutions).
  - Supported by Brain Injury Advisory Council (BIAC); Tailored Plans funding first year.
  - Case studies can be submitted.
• **Rec 4: Integrate AskMeNC Statewide – Due: June 30, 2029**
  - Fund and embed AskMeNC training & practices across state/local government.
  - Normalize suicide-prevention conversations; integrate questions into hospital systems (record keeping)
  - Large veteran population increases importance.
• **Rec 5: Standardize Medicaid Waiver Terminology – Due: Dec 31, 2026**
  - Establish stakeholder workgroup to align terminology across all four NC Medicaid Waivers (Innovations, Community Alternatives Program for Children (CAP-C), Community Alternatives Program for Disabled Adults (CAP-DA), and Traumatic Brain Injury (TBI)).
  - Standardization improves data tracking, admin efficiency, and clarity (materials at a 6th-grade level).
• **Rec 6: Include "Relative as Provider" in CAP Waivers – Due: Oct 1, 2026**
  - Add options for relatives as paid providers in CAP Waivers (already allowed in Innovations).
  - Supports individuals at home; ensures fair pay and proper coordination of Waiver services & State Plan Medicaid services (such language currently exists in Innovations Waiver Clinical Coverage Policy 8P).
  - Create CAP Waiver Advisory Committee (involving beneficiaries, families, & stakeholders) to address service barriers & policy improvements.
  - Note: Individuals must give up State Plan Private Duty Nursing to access a waiver service.
• **Rec 7: Expand Medicaid Coverage to Include Transcranial Magnetic Stimulation (TMS) – Due: Long Session**
  - Request GA funding to cover TMS for major depressive and treatment-resistant depression (also effective for migraines).
  - NC Medicaid covers ECT (Electroconvulsive Treatment) but not TMS; further provider data needed before SCFAC finalizes recommendation.
  - Studies available; SAMHSA (Substance Use and Mental Health Services Administration) has data.
  - NC Medicaid has an online form to request new treatment coverage.
• **Rec 8: Appropriate Funding for Housing – Due: Long Session**
  - Fund Transitions to Community Living (TCL) to expand housing, tenancy support, and wraparound mental health services.
  - Fund assessment of needs for individuals relies on aging caregivers to prevent institutionalization.
  - Fund emergency and supportive housing for MH/DD/SUS/TBI populations. Chair Parker provided an example of a TCL home visit that was poorly executed. When the individual being assessed was having a difficult day, staff did not reschedule and instead denied her housing support. She emphasized the need for improved staff training on conducting visits and engaging individuals in preparing for community transition.
  - Clarification needed on new budget allowance for live-in DSPs; expected to apply only to licensed group homes.
• **Rec 9: TBI Waiver Statewide Expansion – Due: Long Session**
  - Increase access to specialized TBI services and reduce long-term disability.
  - Request budget funding to support statewide expansion; currently no appropriation.
  - Supported by BIAC (Brain Injury Advisory Council) and other organizations.

- **Rec 10: Prioritize and Fund ICFs (Intermediate Care Facilities) & Community Waiver Home Study – Due: Dec 31, 2027**
  - Create & fund IC & Community Waiver Home Study to evaluate residential options for caregivers aged 60+ lacking support.
  - Gather structured family input.
  - Goals: expand placement options, evaluate long-term facility use.
  - Dept. of Justice (DOJ) concerns noted; recent report on this topic from Dr. Michelle Laws to be reviewed in August.
  - Shortage of child ICFs and Developmental Disabilities Administration (DDA) placements.
  - Some families seek alternatives beyond ICF or community waiver homes.

A recommendation prepared by Members Bob Crayton and Nathan Cartwright was reviewed and was not advanced to the final list.

Agenda Topic:	**November Meeting Date Conflict Discussion (moved up on agenda while waiting on next presenter)**
Presenter:	Lilly Parker, Chair

- The committee unanimously approved (after motion was properly moved and seconded) to reschedule the November SCFAC meeting from November 11, 2026 (Veterans Day) to November 18, 2026.
- A motion was made, seconded, and unanimously approved to hold the SCFAC Retreat on October 13, 2026, the day before the October 14, 2026 SCFAC meeting.

Agenda Topic:	**Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) Update**
Presenter:	Renee' Rader, Deputy Director and Chief Operating Officer

Deputy Director and Chief Operating Officer Rader filled in for Assistant Secretary Crosbie.

Budget signed into law July 7, 2026. New Speaker of the Legislature is a sheriff.

State Budget Highlights: Single Stream Funding:

- Continues monthly advance payments to Local Management Entity/Managed Care Organizations (LME/MCOs).
- Allows transfer of up to $30 million from Medicaid surplus to single-stream funding (surplus not expected).
- Maintains requirement for LME/MCOs to provide same overall level of state-funded single-stream services.

State Budget Highlights: Crisis Services and Inpatient Capacity:

- Reduces local inpatient psychiatric (3-way bed) funding by $2 million; legislature expects Medicaid Expansion to offset some of the costs for state-funded services.
- Continues higher reimbursement for higher-acuity patients.
- Allows up to 40% of funding to support Facility-Based Crisis (FBC), non-hospital detoxification, and peer respite.
- Emphasizes equitable statewide distribution of beds.
- Question re: whether coverage days for Peer Respite and FBC will change; current policies remain in place. Transportation is also needed.
- Naloxone: Question raised about having to purchase a more expensive naloxone brand; Assistant Secretary Crosbie referenced a related bill. More information is needed; Deputy Director Rader will follow up.

State Budget Highlights: Substance Use Services (incarcerated individuals):

- Medication for Opioid Use Disorder (MOUD)
  - Establishes permanent grant program supporting meds for Opioid Use Disorder in county jails.
  - Prioritize counties with highest opioid burden.
  - Requires multidisciplinary review process.
- Opioid Settlement Funds
  - Transfers $14 million recurring from Opioid Abatement Reserve to support single-stream funding.
  - Provides $4 million for opioid remediation through LME/MCOs.

- Provides $2 million for naloxone procurement and distribution.

State Budget Highlights: Strengthening Intellectual/Developmental Disabilities (I/DD) Services and Workforce:

- Continue investment in Direct Support Professional (DSP) compensation via provider rate increases.
- Directs Division of Health Service Regulation (DHSR) to adopt rules allowing live-in DSPs in certain licensed group homes.
- Eliminates Medicaid copayments for Innovations and Traumatic Brain Injury (TBI) Waiver participants.

Other Notable Budget Provisions:

•Substance Use Prevention Infrastructure

- Replaces outdated IT systems supporting Driving While Impaired (DWI) Services, Drug Education School, and Drug Control Court.

House Bill 1104

- Governor Stein signed HB 1104 last week.
- Updates involuntary commitment procedures.
- Revises transportation and custody processes.
- Clarifies responsibilities among hospitals, providers, law enforcement, clerks, magistrates, and LME/MCOs.
- Includes several implementation dates through 2027.
- Assistant Secretary Crosbie will provide more details in future presentations.

What We're Watching:

- Implementing budget provisions.
- Implementing HB 1104.
- Continuing collaboration with LME/MCOs and providers.
- Supporting access to community services, crisis services, and inpatient care.
- Monitoring impact of investments.

Member Comments and Discussion:

- Pages 300–301 of the Budget Bill include study on cost-effectiveness of LME/MCOs; uncertainty whether enough information is available today. The timeline for study is short.
- Concern expressed that public system is disappearing and Medicaid directors are not advocating for beneficiaries.
- Block Grants did not go away, though they were expected to.
- General Assembly may be working with outdated information; we are not the old county programs any longer.
- Study should not proceed without public input; recent Governor appointments did not include State Consumer and Family Advisory Committee (SCFAC), Medicaid Advisory Committee (MAC), or other consumer/family groups.

Other Updates:

- NCDHHS released the 2026–2029 TBI State Action Plan, a new statewide roadmap shaped by lived experience and the Brain Injury Advisory Council.
- Public invited to provide input to the National Academies and Social Security Administration on TBI Disability Evaluation Standards.

Strengthening the Crisis System:

- Text and chat are now available on the North Carolina (NC) Peer Warmline, expanding access to 24/7 crisis support through Promise Resource Network.

Events:

- July Side by Side: Minority Mental Health Month – July 13, 2026, 2–3:30 PM.
- Hot Topics webinar – July 14, 2026, 1–2 PM.

Agenda Topic:	Division of Health Benefits (DHB) Update
Presenter:	Dr. Angela Smith, Chief Clinical Officer, DHB/NC Medicaid

NC Medicaid Updates (summarized for purposes of meeting minutes)

- Governor Stein signed the State Budget (Senate Bill 257) on July 7.
- Full funding ensures Medicaid operations for the fiscal year.
- $34 million in vacant positions removed; lapsed salary typically funds temporary staff.
- Medicaid is a $36 billion program serving 3 million North Carolinians; the General Assembly appropriates $6.4 billion; remainder is federal funding.

H.R. 1 (House Reconciliation Bill / One Big Beautiful Bill Act)

Eligibility Changes (effective October 1, 2026) for Certain Non-Citizens

Medicaid Coverage remains for:

- Lawful permanent residents (green card holders)
- Children up to age 19 and pregnant/postpartum (12 months) individuals lawfully residing in the U.S. but don't have permanent immigration status
- Cuban/Haitian entrants
- Citizens of Freely Associated States (Micronesia, Marshall Islands, Palau) living in the U.S.

Non-citizens outside these groups will be disenrolled.

Work and Community Engagement Requirements (effective January 1, 2027)

Applies to adults ages 19–64 (in the Medicaid Expansion population) who:

- Do not have a disability
- Are not pregnant or postpartum (12 months)
- Are not a parent, guardian, caretaker relative or family caregiver of a dependent child under 14 or a person with a disability
- Do not qualify for an exception or exclusion

Exclusions (not subject to work requirements & are evaluated in the month of application)

- "Medically frail" individuals, including those who are blind or disabled; have a substance use disorder; have a disabling mental disorder; have physical, intellectual, or developmental disabilities impacting activities of daily living; or have a serious/complex medical condition.
- Participants in drug or alcohol treatment programs.
- Parents, guardians, caretaker relatives or family caregivers of a dependent child under 14 or a person with a disability.
- Exclusion status determined by Dept. of Social Services (DSS) staff. Dr. Smith is uncertain about urine screenings.
- People on TPs will be excluded.
- Member comment: Per Melanie Bush, Deputy Secretary of Medicaid, loss of Medicaid due to work requirements may also result in loss of Affordable Care Act (ACA) Marketplace eligibility for one year. Dr. Smith will follow up about this and get back with the SCFAC Chair and Vice-Chair.

Work & Community Engagement Requirement Details

Adults ages 19–64 who don't meet an exception/exclusion must:

- Work (paid or in-kind) or participate in a work training program
- Volunteer
- Attend school at least half-time (≈6 credit hours)
- Have monthly income of at least $580 (equals 80 hours at minimum wage)
- Seasonal workers must average $580/month over the past 6 months
- Activities may be combined to reach 80 hours/month
- For activity approval, contact local DSS

What Counts as Work

- Supervised job search or activities for unemployment insurance (less than half of 80 hours/month)
- In-kind work (non-monetary payment, e.g., free rent for property management duties)
- Unpaid work such as internships, trial work periods, unpaid caregiving for individuals who do not meet the exclusion category

Train the Trainer Session

- Covers H.R. 1 requirements, community presentation skills, and one required full session
- Next session: July 21
- Contact: Medicaid.NCEngagement@dhhs.nc.gov

Other Updates

- Final Medicaid Landscape Analysis report expected in fall.
- Vaya–Partners Merger effective October 1, 2026; joint committees and work groups underway.
- LME/MCO-CFAC Liaisons: Beth Brooks (Partners) and Stacy Sorrells (Vaya).
- Self-Direction/EOR: Lynn Martin willing to chair SCFAC workgroup if reconvened; noted differences between Vaya and Partners models; LME/MCO self-direction groups meeting independently.

Medicaid Evaluation Study

- Phase 1: Defining Medicaid landscape (service delivery/array, outcomes, rates).
- Phase 2: Builds on Phase 1; includes review of Clinical Coverage Policies for strengthening.
- Final report due in November; will include recommendations for Governor and General Assembly during the Long Session; stakeholder engagement planned.
- Conducted via contract with Manatt; includes comparison with other states.
- Governor's Affordability Task Force operating separately; Duke Center for Policy serving as facilitator.

Question Raised

- Is there flexibility in "Medically Frail" definition? Dr. Smith: CMS (Centers for Medicare and Medicaid Services) issued guidance June 1; must show inability to work based on diagnosis. NC reviewing other states' approaches; process still evolving.
- An H.R. 1 meeting took place earlier the same day before and during part of the SCFAC meeting.

Agenda Topic:	**SCFAC Work**
Presenter:	Lilly Parker, Chair

Member Comments

- A vendor will review the cost efficiency and structure of Local Management Entities/Managed Care Organizations (LME/MCOs). The study timeline is short. Related information is in the State Budget, pages 300–301.
- Member Annette Smith read a draft letter from content experts requesting continued management of services and support in the public system based on quality, access, provider qualifications, and knowledge of people served and their families—not cost.

Context and Related Comments

- Senate Bill 257 (State Budget) Section 9L.2(a): concerns about studying cost savings to eliminate LME/MCOs and selling Division of Health Service Regulation (DHSR) facilities to private entities. Impacted stakeholders have not been included.
- The letter should go to: Department of Health and Human Services Secretary Sangvai; Assistant Secretary Crosbie; Melanie Bush, Deputy Secretary of Medicaid for the Division of Health Benefits; possibly the Governor and the Office of State Budget and Management (OSBM).

- OSBM is directing the study.

SCFAC Recommendations (Draft read by Member Smith)

1. Individuals and families with lived experience must have authentic input from the beginning and throughout the process, including vendor selection, study findings, and recommendations.
2. The Request for Proposal (RFP) must require knowledge and experience with behavioral health, developmental disabilities, and traumatic brain injury needs across children and adults.
3. The RFP must require applicants who understand behavioral health, Intellectual and Developmental Disabilities, and traumatic brain injury managed care and have operational understanding of the North Carolina public system versus private managed care in other states.
    - Applicants from North Carolina should receive first consideration.
    - Study results should not serve as criteria for system changes affecting vulnerable citizens.
    - SCFAC requests a written response confirming whether members will have input in the selection and study process.

SCFAC Recommendations (Member Crayton Draft)

1. Include SCFAC members and Local Consumer and Family Advisory Committee representatives on advisory, steering, and stakeholder groups guiding the study.
2. Provide structured public comment and listening sessions with consumers and families before the RFP is finalized and before the contractor is selected.
3. The RFP must contain enforceable requirements that consumer and family voices, including lived experience, are centered throughout all phases of the study.

    Other Comments:

    • "Nothing about us without us" is essential.

    • Families and consumers provide expertise no consultant can replicate.

    • Early incorporation of diverse perspectives strengthens legitimacy, improves recommendations, and protects services for vulnerable North Carolinians.

Discussion and Next Steps

- Chair Parker requested combining both letters into one concise letter with a clear call to action.
- Reminder: SCFAC is established in statute and advises the General Assembly.
- Motion to send one combined letter was made, seconded, and approved unanimously.
- Vice-Chair Ashley Snyder-Miller will edit and finalize the letter by Monday, July 13.
- The letter must clearly state SCFAC's support for the public system.

Other Notes

- The Vaya–Partners merger supports maintaining and strengthening the public system. The Department may hire consultants to counter opposing arguments.

<u>Other Committees</u>:

- Legislative and Budget
- Contract Deliverables
- State to Local Consumer and Family Advisory Committees
- Gaps and Needs

<u>Bylaws Ad Hoc Committee</u>

- Members Schaffer and Crayton will serve again; Members Brendle, Martin, and Foster also volunteered.
- Member Rainear previously served but has resigned.
- Chair Parker reestablished the Bylaws Committee as an ad hoc committee.

<u>Employer Of Record (EOR)/Individually Family Directed Services (IFDS) Committee</u>

- The ad hoc EOR group is formally IFDS.
- Member Martin will draft the reason for reconvening the committee for next month.

Committee Structure

- Standing committees are defined in bylaws.
- Ad hoc committees are temporary, created for short-term projects by the Chair with quorum approval.
- Both must follow open meeting and public record laws (other variables to consider include committee member numbers in attendance & whether official business is being conducted)
- Only SCFAC members vote and constitute a quorum.

Self-Direction Discussion

- Question: Should there be a recommendation for a Self-Direction Workgroup, and should communication be directed to the Division of Health Benefits?
- There is a Self-Direction Coalition of North Carolina; Greg Daniels (Long Term Support Services) is a resource.
- Local Management Entities/Managed Care Organizations have stakeholder groups for Employer of Record.
- Families need a meaningful voice. Self-direction spans multiple waivers.
- Provider Councils at Vaya and Partners were asked to make Self-Direction a subcommittee.
- Georgia provides a strong model.
- Member Martin is the only Employer of Record provider; she faces pushbacks but has advocates.
- EOR may fit under an existing standing committee.

Administrative Requests

- A list of committees, their scope, and their chairs is requested before the August meeting**.**
- Members need to feel heard.
- Charters or mission statements are needed for standing and ad hoc committees.
- Members request one week's notice before meetings.
- Some standing committee descriptions may already exist.
- Jennifer Meade and Erica Asbury will meet with legislators regarding SCFAC appointments.
- Question raised about reappointment letters for continuing members.
- More young people are needed.
- Members request an official calendar of committee meeting dates**;** monthly calendars have been used previously.

Adjournment:

The meeting was adjourned at 2:30 PM.

Action Items	Responsible	Deadline
More information was requested about whether the state had to start purchasing a more expensive brand of Naloxone; this may be referenced in a recent bill.	Deputy Director /COO Renee' Rader	Not specified
Is it accurate that the loss of Medicaid due to work requirements may also result in loss of ACA Marketplace eligibility for one year?	Chief Clinical Officer, Dr. Angela Smith, DHB/NC Medicaid	Not specified
Prepare Certificate of Appreciation for Angela-Christine Rainear who resigned.	Chair Lilly Parker and/or Vice-Chair Ashley Snyder-Miller and/or A & E Staff	Within 30 days

Members requested a list of committees, their scope, and their chairs.	A and E Staff	Prior to the August SCFAC Meeting
Member requested one week's notice prior to a meeting.	A and E Staff	One week prior to the next SCFAC Meeting
Members requested an official calendar of committee meeting dates.	A and E Staff	Not specified
Draft document reflecting need to reconvene an EOR/IFDS Ad Hoc Committee	SCFAC Member Lynn Martin	Prior to the August SCFAC Meeting