Nothing About Us, Without Us

NORTH CAROLINA STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

Michelle Laws | Chair
Ashley Snyder Miller | Vice-Chair

Meeting Minutes
Hybrid Meeting | May 13, 2026, 9:00 AM – 3:00 PM

ATTENDEES					
Council Members					
Name	**In-Person**	**Virtual**	**Name**	**In-Person**	**Virtual**
Michelle Laws (Chair)			Heather Johnson	x	
Ashley Snyder-Miller (Vice-Chair)	x		Jeannie Irby		x
Ada Elizabeth Gil-Jimenez	x		Jessica Aguilar		x
Amie Brendle		x	Johnnie Thomas		
Angela-Christine Rainear		x	Lilly Parker	x	
Annette Smith		x	Lorrine Washington	x	
Bob Crayton		x	Lynn Martin	x	
Crystal Foster		x	Nathan Cartwright		
Domenica “Mamie” Hutnik	x		Patty Schaeffer		x
Flo Stein	x				
Staff/Guests					
Name	**Staff**	**Guest**	**Name**	**Staff**	**Guest**
Ann Marie Webb	x		Kelly Crosbie	x	
Badia Henderson	x		Lisa Jackson	x	
Crystal Dorsey	x		Stacey Harward	x	
Erica Asbury	x				
Jennifer Meade	x				

Agenda Topic:	**Welcome/Roll Call/ Approval of Agenda and Minutes**
Presenter(s):	**Ashley Snyder-Miller, Vice-Chair**

- Vice-Chair Ashley Snyder-Miller presided over the meeting in the absence of Dr. Michelle Laws
  - Confirmed the presence of a quorum, and initiated a motion to approve the agenda
    - First motion provided by Lorrine Washington
    - Second motion provided by Lynn Martin
- Point of Order:
  - Angela Christine Rainear noted outstanding business regarding information to be provided by the Attorney General.
  - She stated information has been requested for three months without receiving a response and requested that this be recorded in the minutes.
  - The Attorney General sent the Open Government Guide, and this was forwarded to members by the Advocacy and Empowerment team.
- Approval of April Minutes:
  - April meeting minutes were approved as written
    - First motion provided by Lorrine Washington
    - Second motion provided by Lilly Parker
- Vice-Chair Snyder-Miller reviewed housekeeping protocols for virtual participation.
  - Muting when not speaking

- Using the raise-hand feature
- Identifying oneself before speaking
- Maintaining respectful engagement
- Submitting questions through the chat function

Agenda Topic:	Division of Health Benefits Update
Presenter(s):	Angela Smith, Chief Clinical Officer Sarah Gregosky, Chief Operating Officer Chris Gordon, Chief Financial Officer

Updates – Angela Smith, Chief Clinical Officer:

- Governor Stein signed the $319M emergency Medicaid funding bill (HB 696) on April 30, 2026, to address SFY 2025–26 shortfalls and prevent service disruptions for more than 3 million beneficiaries.
- NC Medicaid transitioned to a new Pharmacy Benefit Administrator (Prime Therapeutics State Government Solutions LLC) for Medicaid Direct beneficiaries
  - Improvements expected include streamlined administration, more efficient claims processing, and enhanced prior authorization workflows.
  - No impact is anticipated for LME/MCOs. Some members reported pharmacy access issues; Ms. Smith will follow up.
- Connecting Communities and Medicaid (CCM) continues meeting virtually on the second Wednesday of each month, with current focus on H.R.1 implementation.
  - Link: https://medicaid.ncdhhs.gov/meetingsnotices/committees-and-work-groups/connecting-communities-medicaid-ccm

H.R. 1 Overview – Sarah Gregosky, Chief Operating Officer:

- DHB is preparing for H.R.1 implementation in advance of federal guidance (expected in June)
  - Emphasis on the Medicaid Expansion population.

Eligibility Changes – Effective October 1, 2026:

- Medicaid eligibility will be limited to lawful permanent residents, certain Cuban/Haitian entrants, and individuals from Compacts of Free Association nations.
- Refugees, asylees, and other humanitarian groups will lose full coverage but may access emergency Medicaid.
- Several immigration statuses will lose Medicaid eligibility with no exceptions (e.g., some veterans, certain legal applicants, and specific humanitarian populations).
- Without action from the General Assembly on CHIPRA 214, lawfully residing pregnant women and children in affected categories may lose coverage, even during treatment for conditions such as cancer.
  - DHB is working with the GA on solutions.

Retroactive Coverage Changes – Effective January 1, 2027:

- Low-income adults 19–64 without disabilities will have coverage reduced to one month retroactive.
- Children, adults 65+, and individuals with disabilities will have two months retroactive coverage.
- Provider claim-filing windows will not change.
- Reduced retroactive coverage may limit Medicaid's ability to support individuals who apply only when seriously ill.

Work and Community Engagement Requirements – Effective January 1, 2027:

- Applies to Medicaid Expansion adults 19–64 who are not disabled.
- Requires 80 hours/month of qualifying activities (work, training, volunteering, half-time school, or minimum income of $580/month).
  - Activities may be combined.
- Exemptions include veterans with 100% disability, AI/AN individuals, medically frail individuals, people in SUD treatment, people incarcerated or recently released, and Medicare-eligible individuals.
- DHB will use Tailored Plan criteria to define medically frail and will consult its Physicians Advisory Group.
- Members shared concerns about letters being sent to beneficiaries
  - DHB requested copies and will provide toolkits once federal guidance is released. Recertifications begin April 2027.

- DHB is engaging with the Lumbee Tribe regarding work requirements and broader managed care issues.

Estate Recovery:

- All states must recover long-term care Medicaid costs from the estates of beneficiaries age 55+.
- Members raised concerns regarding impacts on family homes
    - DHB leadership requested copies of concerning letters for review.
    - Only beneficiaries over age 55 are subject to recovery.

Six-Month Eligibility Recertification – Effective January 1, 2027:

- Applies to Medicaid Expansion adults 19–64 without disabilities.
- Members expressed significant concerns regarding administrative burden and impacts on vulnerable populations.
    - DHB awaits federal guidance on the treatment of paid family caregivers
    - Ms. Gregosky will coordinate with Assistant Secretary Crosbie.
- DSS county offices will conduct verification, supported by HB 696 funding and enhanced technology systems.
- DHB's Operational Support Team will continue training.

Budget Updates – Chris Gordon, Chief Financial Officer:

- NC Medicaid serves 3.1 million residents (27% of state population).
- Annual spending is projected at $37.7B; approximately 82% has been spent to date, consistent with projections.
- Roughly $13B in spending flows to Standard Plans and $7B to Tailored Plans.
- Ninety-nine cents of every budgeted dollar goes directly to member care.
- NC ranks 49th nationally in Medicaid staffing (466 employees).
- Major operating budget categories include IT and non-IT contracts, personnel, operations, and administrative costs.
- Members were invited to email any additional budget questions directly to Mr. Gordon.

Agenda Topic:	**Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) Update**
Presenter(s):	Kelly Crosbie, Assistant Secretary for Mental Health Ginger Yarbrough, Chief Clinical Officer-IDD, TBI, & Olmstead

- Assistant Secretary Crosbie announced the Division's observance of Mental Health Awareness Day for staff and extended the invitation to SCFAC members and guests.
- Community outreach highlights emphasize that work provides identity but can also be a major source of stress.
- Stigma surrounding mental illness in the workplace remains prevalent.

Key Data Points:

- Approximately 15% of adults with serious mental illness (SMI) are employed.
- IPS programs show a 55% competitive employment rate compared with 25% in control groups.
- Without support, unemployment among adults with SMI is roughly 85%.
- About 10% of workers have diagnosed serious substance use disorder (SUD).
- Individuals with SUD experience higher rates of involuntary job loss, partly due to employer bias.
- National Core Indicators (2024):
- 16% of individuals receiving state I/DD services hold competitive integrated employment.
- Averaging 28 hours per week at $14.38/hour.
- More than 15 states are phasing out Section 14(c) sheltered workshops.
- North Carolina is taking a gradual approach in recognition of the value these settings still hold for some individuals.

Member Concerns and Program Notes:

- Concern raised that microenterprise work is not recognized by EIPD/Vocational Rehabilitation for support.
- Ginger Yarbrough will follow up.
- Inclusion Works initiative continues advancing competitive employment opportunities.
- Emphasis placed on community-driven approaches and supporting individual choice.
- Ongoing need identified for family education on the benefits of work and available supports.
- Benefits counseling remains a critical tool for informed employment decision-making.
- Individual Placement and Support (IPS) can be delivered as a standalone service.

- 28 teams statewide serve about 1,000 individuals per quarter.
- Approximately 38% achieving employment.

Agenda Topic:	Comprehensive Gaps Needs, & Provider Network Analysis Report
Presenter(s):	Jennifer Bowman, Acting Director of Quality, Information Systems, & Evaluation

Comprehensive Gaps, Needs & Provider Network Analysis Report:

- Report was developed in response to SCFAC recommendations.
- Strategic Plan dashboard updated three times per year, focusing on service, access, and care initiatives.
- Performance measures are based on claims data, with citations included on each slide.

Medicaid Expansion Impact:

- 81,426 individuals now enrolled in Tailored Plans through Medicaid Expansion.
- Statewide, 10.6% of adults ages 19–64 are enrolled in Expansion.

Mental Health Prevalence & Service Penetration:

- 21.32% of adults have any mental illness; 5.38% have a serious mental illness (SMI).
- 13–20% of youth have any mental illness; 12% have a serious emotional disturbance (SED).
- Service penetration:
    - Adults: 23.7% Medicaid-funded; 2.7% state-funded
    - Youth: 40.4% Medicaid-funded; 1.9% state-funded
- Medicaid significantly increases access to mental health services.
- Initiation and engagement metrics vary due to system changes (consolidations, Standard Plans launch).

Substance Use Disorder (SUD) Prevalence & Service Penetration:

- 16.06% of adults and 7.58% of youth have a SUD.
- Need exceeds the number who access services.
- Service penetration:
    - Adults: 9.8% Medicaid-funded; 2.2% state-funded
    - Youth: 1.5% Medicaid-funded; 0.1% state-funded
- Medicaid improves access, but barriers include limited availability, reluctance to seek care, and stigma.
- Parents of youth under 18 demonstrate higher awareness of service access points.

I/DD Prevalence & Penetration:

- 0.95% of adults and 8.56% of children have I/DD.
- Service penetration:
    - Adults: 6.0% Medicaid-funded; 0.1% state-funded
    - Youth: 23.2% Medicaid-funded; 0.3% state-funded
- Medicaid increases access, but measures do not reflect lifelong service needs.
- Prevalence data updated infrequently; need outpaced available services.

Innovations Waitlist Dashboard:

- Steady growth in services delivered across all major categories except crisis services.
- Follow-up requested on unmet needs among Registry participants.
- Since the July 2024 1915(i) launch, more waitlisted individuals have gained access to Medicaid or state-funded services.

TBI Prevalence & Trends:

- 1.4% of residents live with a permanent TBI disability.
- ED visits increased from 23,109 (2020) to more than 33,000 (2023).
- TBI-related ED visits increased from 0.57% to 0.68% of all visits.

TBI Dashboard Highlights:

- CAP-DA participation is declining; NC TBI Waiver enrollment is increasing.
- Innovations Waiver dipped in 2022–23 but rebounded in 2024.
- CAP-C remains stable.

- Private Duty Nursing and state-funded TBI service use remain low due to workforce shortages; data stability is limited by lack of available nursing staff.
- Adolescents and young adults are the largest group using TBI services.
- TBI service definitions are aligned across state agencies.
- Concerns raised about gaps between TBI-specific services and broader rehabilitative needs.
- Mixed feedback on dashboard usefulness.

National Core Indicators:

- I/DD Consumer Survey (487 responses, 2024)
- Positive findings:
    - 88% satisfied with how they spend their day
    - 95% of employed respondents like their job
    - 99% have a primary care provider
    - Lower ER use than national average
- Areas for improvement:
    - Lower rate of living independently (7% vs. 15%)
    - Competitive employment lower than national average (11% vs. 17%)
    - Fewer able to meet friends as desired
    - Lower access to remote communication tools
- Lengthy survey may lead to opt-outs, potentially skewing results toward higher-functioning respondents.

Perceptions of Care – MH & SUD Consumer Survey:

- 5,698 responses across adult, youth, and child/family populations.
- High overall satisfaction: lowest ratings related to daily functioning and perceived control over life.
- Higher ratings for crisis response, social and housing support, and work/school functioning.

Telehealth Utilization:

- 43.1% used telehealth in the past six months, usage lower among children.
- Reported barriers include lack of provider availability, personal preference, limited technological access, and discomfort with virtual platforms.

NCTOPPS Findings:

- Interviews conducted at intake, during treatment, and at discharge.
- Most significant barrier to treatment is active symptoms, additional barriers include:
    - Physical health, family challenges, cost, stigma, transportation, and housing instability.

Network Adequacy Requirements:

- Tailored Plans must meet service needs through provider network standards, including time/distance and appointment availability.
- Rural standard: 45 minutes/45 miles; urban standard: 30 minutes/30 miles.
- Monthly monitoring and annual reporting required.

Network Exception Requests:

- Submitted when adequate network capacity is not met and must include justification, remediation plan, timelines, and documentation of negotiation attempts.

Time & Distance Initiatives by Tailored Plans:

- Alliance: Active recruitment, surrounding-county provider use, non-emergency medical transport.
- Partners: Out-of-network agreements.
- Trillium: Contract offers, pending licensure approvals, ongoing recruitment.
- Vaya: Recruitment and use of surrounding-county providers.
- Out-of-state contracting varies by plan.

Network Access Plans – Veterans & Families:

- Strategies include trauma-informed care, military-competent services, veteran programs, and participation in Veterans Treatment Court.

Network Access Plans – Justice-Involved Populations:

- Activities include pre-release coordination, reentry support, juvenile justice partnerships, System of Care models, and single-point assessment processes.

Network Access Plans – Addressing Disparities:

- Tailored Plans are implementing culturally responsive frameworks, health equity initiatives, community engagement, and training programs.

Additional Notes:

- Ms. Bowman encouraged SCFAC members to review the DMHDDSUS Strategic Plan Year 1 Annual Report and Strategic Plan Dashboard.
- SCFAC requested access; Ms. Bowman noted the April–May timeframe is appropriate for review.

Agenda Topic:	Public Comment (summarized)
Presenter(s):	Ashley Snyder-Miller, Vice-Chair

- **Cheryl Powell:** Withdrew her question after receiving clarification. Her concern related to potential over-reliance on 1915(i), noting it was not intended to replace the Innovations Waiver.
- **Holly Connor:** Emphasized the need for education on the distinctions between Tailored Plans and Standard Plans. She noted that Tailored Plans are designed to serve the most vulnerable populations and clarified that the Innovations Waiver does not resolve all service needs; its services largely mirror those in 1915(i) but are packaged differently.
- **Amie Brendle:** Reported that a member had questions regarding Partners. Local CFAC members may be able to assist in relaying these questions, and Janet McDaniel, Partners CFAC Chair, is available to support this effort.

Agenda Topic:	SCFAC Work
Presenter(s):	Ashley Snyder-Miller, Vice-Chair

Nominating Committee Update:

- Committee (Lorrine Washington, Nathan Cartwright, Jessica Aguilar, Patty Schaeffer, Lilly Parker) met on May 8, 2026; no nominees were received for Chair or Vice-Chair.
    - Dr. Laws and Ashley Snyder-Miller are willing to continue in their roles if no additional candidates come forward.
    - Recommendations will be presented at the June meeting; floor nominations will remain open.
- Meeting Procedures
- Concern raised regarding lack of advance public notice for the Nominating Committee meeting.
- Attorney Joonu Coste confirmed that subcommittee meetings must comply with NC open meetings laws, including public notice, open access, and recorded minutes.
- SCFAC Bylaws may impose further requirements but notice and record-keeping standards apply.
- Use of Zoom for Documentation
- Members notified that Zoom could generate informal action summaries.
- Stacey Harward will provide instructions for accessing these summaries.
- Next Steps for Nominating Committee
- Committee will reconvene with proper notice sent to all members; meeting will be open, and minutes recorded.
- Two recommendations (Chair and Vice-Chair) will be presented in June; floor nominations will remain allowed.

Crisis Evaluation – DMHDDSUS & UNC School of Medicine:

- Presentation by Sasha Zabelski, Research Associate.
- UNC is evaluating crisis services; provider survey completed; now seeking service-user feedback.
- Crisis services under review include mobile crisis, CIT, BHUC, FBC, psychiatric walk-in, co-response, and MORES.
- Recruiting adults, adolescents (15–17), and caregivers with service use in the last two years; participation is virtual.
- Contact: zabelski@unc.edu.

Legislative Day:

- Event was energetic and impactful; SCFAC presence influenced General Assembly members.
- Talking points need earlier distribution (no later than March).

- Strong turnout was noted, though some members felt attendance was lower than previous years.
- Legislators were intermittently available due to budget activity.
- "Voices That Must Be Heard" presentation received strong positive feedback.
- Additional time with legislators would have been beneficial.
- Earlier planning recommended improving participation and outcomes.
- SCFAC emphasized clearer communication of its role and aligning messaging with LME/MCOs.

Legislative and Budget Committee Update:

- Co-Chair Parker highlighted need for improved communication and coordination among committee chairs.
- Suggestions included:
    - Use of an existing step-by-step monthly planning guide
    - One standardized flyer template
    - A plan to preserve institutional knowledge as membership changes
    - Dedicated support staffing with monthly updates
    - Stronger GA relationship-building similar to DD Council
    - Enforcing deadlines for materials and feedback
    - Sending a formal thank-you with presentation links
    - Increased accountability and documentation of improvements
    - Emphasizing personal impact stories
- Co-Chair Crayton reiterated communication challenges and cautioned against inviting groups without statutory authority to advise the GA.
- Positive Reflections Shared Before Adjournment
- Fellowship, inspiration, strong outcomes, respect, enjoyment, pride, unity, and overall success of Legislative Day.

Agenda Items for Next Meeting:

- Oxford House presentation
- Annual Report

Adjournment:

- A motion to adjourn was made by Ashley Snyder-Miller to adjourn the meeting at 2:01 PM.
    - First motion provided by SCFAC members
    - Second motion provided by SCFAC members

Action Items	Responsible	Deadline
Follow up with the parent whose child is experiencing challenges with accessing microenterprise support.	Ginger Yarbrough	Not specified
Clarify what occurs when individuals on the Registry of Unmet Needs are not receiving any services; this inquiry emerged during a later presentation and was deferred to Ginger Yarbrough.	Ginger Yarbrough	Prior to the next meeting
Provide members with assistance and information on how to access Zoom Informal Action Summaries following the meeting.	Stacey Harward	Prior to meeting minutes going out
Provide support in distributing the Nominating Committee meeting invitation to SCFAC members.	Stacey Harward	Once date/time are confirmed for the next meeting