



State Consumer and Family Advisory Committee

Meeting Minutes | November 12, 2025

Committee Members' Attendance:				Total Attendance:			
Name	In-Person	Virtual	Absent	Name	In-Person	Virtual	Absent
Jessica Aguilar			x	Gene McLendon			x
Amie Brendle		x		Ashley Snyder Miller	x		
Nathan Cartwright	x			Lilly Parker	x		
Bob Crayton	x			Patty Schaeffer		x	
Crystal Foster		x		Annette Smith	x		
Ada Elizabeth Gil Jimenez	x			Flo Stein	x		
Domenica "Mamie" Hutnik	x			Johnnie Thomas	x		
Jeannie Irby			x	Lorraine Washington	x		
Heather Johnson	x						
Dr. Michelle Laws	x						
Lynn Martin	x						
Attendance:				Total Attendance:			
Name	Staff	Guest	Affiliation	Name	Staff	Guest	Affiliation
Jennifer Meade	x		DMH/DD/SUS	Stacey Harward	x		DMH/DD/SUS
Badia Henderson	x		DMH/DD/SUS	Crystal Dorsey	x		DMH/DD/SUS
Ann Marie Webb	x		DMH/DD/SUS	Lisa Jackson	x		DMH/DD/SUS
Mission: <i>Nothing About Us, Without Us</i>				Vision: <i>A public mental health system that works for everyone.</i>			
Agenda Topic/Presenter:		Meeting Minutes:		Action Needed:			
1.	Welcome/Roll Call Dr. Michelle Laws, SCFAC Chair	<ul style="list-style-type: none"> The meeting was called to order at 9:06 AM by Dr. Laws Bob Crayton made a motion to approve the October minutes was seconded by Annette Smith Motion made to approve the agenda by Lorraine Washington, seconded by Johnnie Thomas. 					

2.	<p>Children and Families Specialty Plan (CFSP) Chameka Jackson, Associate Director, Children and Families Specialty Plan</p>	<ul style="list-style-type: none"> • Plan Name & Management: Managed by Blue Cross and Blue Shield of NC under the name Healthy Blue Care Together. • Coverage: Includes all Medicaid State Plan benefits covered by Standard and Tailored Plans. • Eligibility: <ul style="list-style-type: none"> ○ Children/youth in foster care or receiving adoption assistance. ○ Young adults under 26 formerly in foster care at age 18. ○ Former foster youth in NC (turned 18 on/before 12/31/22) or in any state (turned 18 on/after 1/1/23). ○ Minor children of these groups. ○ EBCI Family Safety Program participants may opt in but won't be auto-enrolled. • Enrollment Support: Contact the Enrollment Broker at (833) 870-5500 or visit the NC Medicaid Managed Care website. • Continuity of Coverage: Children retain Medicaid for 12 months after family reunification. • IDD Representation: Communications should reflect inclusion of individuals with intellectual and developmental disabilities (IDD); regional town halls may be held. • Workforce & Training: <ul style="list-style-type: none"> ○ Care Managers are being hired and trained; requirements softened due to workforce shortages, but training remains rigorous. ○ Peer Support Specialists and care teams will support service delivery. • Hiring Concerns: Some roles posted without IDD experience; DHB will monitor compliance and hiring practices. • Youth Voice & Feedback: <ul style="list-style-type: none"> ○ Input gathered via Member Advisory Committees (MACs), DSS offices, and care managers. ○ Emphasis on safe, age-appropriate ways for children to express concerns. • Care Coordination: 	
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		<ul style="list-style-type: none"> ○ Care Managers will coordinate services like speech, OT/PT, and follow up with families. ○ System of Care (SOC) model integrated into the plan. ● Funding & Staffing: <ul style="list-style-type: none"> ○ Funding based on capitation rates; no additional funding beyond other plans. ○ Concerns raised about staff being drawn away by sign-on bonuses. ● Urgent Needs: <ul style="list-style-type: none"> ○ Ongoing concern about children spending nights in EDs or DSS offices. ○ Healthy Blue is investing in provider training and community supports. This statewide Plan will launch 12/1 and will include all Medicaid State Plan Benefits covered by Standard Plans and Tailored Plans. 	
3.	DMH/DD/SUS Updates Kelly Crosbie, Division Director	<p>Grants & Funding</p> <ul style="list-style-type: none"> ● Despite the federal shutdown, key grants remain unaffected: <ul style="list-style-type: none"> ○ SAMHSA Grant ○ Substance Use Prevention, Treatment, and Recovery Grant ○ State Opioid Response Grant ○ Prevention grants ○ TBI support services grant <p>Veterans Initiatives</p> <ul style="list-style-type: none"> ● North Carolina is home to over 750,000 veterans and the largest number of active-duty troops on the East Coast. ● CHES App: A peer-run support app for veterans (not treatment-focused). ● AskMeNC: A digital front door connecting veterans and families to services—over 70,000 households linked to 150,000+ services since 2014. ● SCFAC contributed to the development of AskMeNC. ● Community Engagement: 	

		<ul style="list-style-type: none"> ○ Ft. Bragg Suicide Prevention Run/Walk supported by DMHDDSUS. ○ Triangle Business Journal and NC4Vets Journal highlight veteran issues and resources. ○ NC Institute of Medicine Committee on Veteran Services is working to enhance statewide support. <p>Workforce Development</p> <ul style="list-style-type: none"> ● Workforce is one of seven focus areas in the State Strategic Plan, with four key priorities: <ul style="list-style-type: none"> ○ Strengthening the Peer Support Specialist workforce (new free, peer-developed curriculum). ○ Strengthening the Direct Support Professional (DSP) workforce (new DSP workforce plan). ○ Increasing the number of licensed providers. ○ Expanding supports for unlicensed providers. ● Collaboration Development: <ul style="list-style-type: none"> ○ Collaborations with community colleges to credential DSPs and QPs (Qualified Professionals). ○ High school recruitment and advanced DSP courses at two colleges. ○ Inclusion Connects is a resource for DSP updates. ● Workforce Shortages: <ul style="list-style-type: none"> ○ 40% of NC residents live in areas with inadequate care. ○ 22 counties have no psychiatrists; 68 lack child & adolescent specialists. ● Professional Development: <ul style="list-style-type: none"> ○ Focus on licensed/unlicensed workforce growth. ○ Exploring NC Licensed Workforce Loan Repayment. ○ 1,500+ Human Services Applied Associate Degree graduates since 2022; enrollment up 10%. ○ 41 community colleges now offer this degree, which includes more practical content than many 4-year programs. ○ Emphasis on valuing lived experience in workforce development. 	
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4.	Public Comment	<ul style="list-style-type: none"> Laura Holmes, a licensed recreational therapist, submitted a written comment expressing concern about access to services. She noted that recreational therapy is not listed as a distinct provider type in the NCTracks taxonomy, which prevents qualified therapists from enrolling independently and offering services under the Innovations and TBI waivers. Mary Sackler called in to acknowledge her attendance at the meeting but did not provide a public comment. 	Since Ms. Holmes' concern falls under the Division of Health Benefits (DHB), Dr. Laws informed her that it would be forwarded to the appropriate team there.
5.	NCDHHS Update Dr. Devdutta Sangvai, Secretary	<p>SNAP (Food Assistance):</p> <ul style="list-style-type: none"> 1.4 million North Carolinians are enrolled. Only 65% of benefits were distributed in November due to federal funding uncertainty. NC's SNAP error rate is 10%, exceeding the federal target of 6%. <p>Medicaid:</p> <ul style="list-style-type: none"> August funding shortfalls led to rate cuts; without legislative action, provider participation is at risk. \$500M has been allocated, but \$819M is needed for full funding. The Secretary will address the General Assembly to advocate for additional appropriations. Goal: stabilize provider rates across 11 Medicaid plans and ensure value-based care. <p>Crisis & Justice-Involved Services:</p> <ul style="list-style-type: none"> Ongoing efforts to transition individuals from justice settings into community-based care to reduce recidivism. <p>Child Welfare:</p> <ul style="list-style-type: none"> New Path Agency screening system now active in all 100 counties, replacing fragmented DSS documentation. Emphasis on using technology to improve child welfare outcomes. <p>Affordable Care Act (ACA):</p>	

		<ul style="list-style-type: none"> Continued support for premium tax credits to help families afford insurance. Focus on data-driven decisions, reducing inefficiencies, and improving pricing transparency. <p>Work Requirements & Misconceptions:</p> <ul style="list-style-type: none"> Under House Resolution 1, Medicaid expansion enrollees must show work capability, with exceptions. The Secretary emphasized that harmful stereotypes (e.g., “Welfare Queens”) are not supported by data. <p>Closing Remarks:</p> <ul style="list-style-type: none"> The Secretary stressed the importance of collaboration, data-informed policy, and breaking down silos. Commended SCFAC for amplifying the voices of underserved communities. 	
6.	Internal Discussion	<ul style="list-style-type: none"> Concerns were raised about how public comments are handled by SCFAC. A recommendation was made to implement a formal public comment form with documented outcomes to show responsiveness to individuals and families. Questions emerged about whether every comment requires a response, and how to balance listening with avoiding becoming a grievance channel for complaints against Tailored Plans or providers. Dr. Laws and Brandon developed a tracking form to log public comments, identify service gaps and needs, and analyze trends to inform SCFAC recommendations. This tool serves as a data collection and analysis resource for shaping future actions. 	Possible item for discussion at SCFAC’s next work session
7.	DHB Update Angela Smith, Chief Clinical Officer	<ul style="list-style-type: none"> Medicaid Rate Cuts: Rate cuts took effect on October 1 but will be reversed once the state budget is approved. A FAQ document detailing rate changes by provider type is available on the DHB website. Advisory Committee Feedback: Angela was asked to share feedback from the Medicaid Advisory Committee (MAC) but noted that only Deputy Secretary Jay Ludlam can do so. 	

		<ul style="list-style-type: none"> Stakeholder Engagement: Two SCFAC members will participate in the MAC stakeholder webinar on November 17. Utilization Trends: SCFAC members emphasized the need to better understand service utilization patterns. Policy Input Opportunity: SCFAC members will have a chance to provide feedback on an “R&K” policy paper, which has been condensed into five slides for an upcoming listening session. These papers typically address Medicaid program improvements, population health, and care strategies. 	
	<p>Standard Plans (SPs) Panel Discussion</p> <p>AmeriHealth Caritas (AHC): Dr. Nerissa Price, Behavioral Health Medical Director</p> <p>Healthy Blue (HB): Dr. Michael Ogden, Chief Medical Officer and Dr. Steven Bentsen, Behavioral Health Medical Director</p> <p>UnitedHealthcare (UHC): Dr. Barbara Wise, Behavioral Health Medical Director and Christine Beck, Behavioral Health Executive Director</p>	<p>Impact of Rate Cuts:</p> <ul style="list-style-type: none"> General sentiment: Anxiety exists, but no major provider attrition has occurred. HB & UHC: Feared service reductions, but providers have remained committed. WC: Monitoring the situation; providers have up to 365 days to submit claims. AHC: Legal challenges have emerged, particularly around ABA (Applied Behavior Analysis) services. HB: Working with providers to ensure timely access post-hospitalization and engaging Member Advisory Committees. <p>Identified Gaps and Needs:</p> <ul style="list-style-type: none"> CCH & AHC: Difficulty accessing children’s specialty services (psychiatry, pathology, neurology), especially in rural areas. WC: Workforce shortages persist; unlikely to ever meet full demand for therapists. Exploring collaborative care models to extend behavioral health support through primary care teams (e.g., care managers, psychiatrists). <p>Medicare & Medicaid:</p> <ul style="list-style-type: none"> No confirmed issues reported between Medicare and Medicaid. UHC representative noted no conversations about financial concerns; focus remains on supporting members and exploring value-based incentives and grants to retain providers. 	

WellCare of NC (WC):
Therese T. Garrett,
Behavioral Health
Medical Director and
Eric Harbour,
Director of
Behavioral Health
Services

Carolina Complete
Health (CCH): Dr.
Ureh Lekwauwa

Service Gaps Identified:

- First Episode Psychosis (FEP): Need for early identification and statewide expansion of FEP clinics.
- Eating Disorders: More services needed.
- Substance Use: Individuals with lower-acuity needs could benefit from more intensive in-home services like Intensive Outpatient Treatment.

Provider Capacity & Rural Access:

- Transportation: Challenges remain, especially for individuals with complex needs. Vendor options have expanded (e.g., Lyft), and education on non-emergency medical transport is needed.
- Electronic Health Records (EHR): Need for better access to reliable data, especially for tracking individuals with SPMI or experiencing homelessness.
- Communication: Maintaining contact with individuals is critical; many prefer email over phone calls.
- Care Manager Placement: While most are embedded with Specialty Plans, the ideal location is within primary care offices for better coordination.

Denials:

- UHC: Recent state policy changes required a parity review between medical and behavioral health services. Six documents were submitted to show service review processes and denial rates. Some issues, like excessive billing (e.g., 20 hours/day for Peer Support), were identified. The focus is on right-sizing care, not denying it.
- HB: Higher denial rates were seen in IDD physical health services (e.g., OT, Speech Therapy), often due to documentation errors. A provider portal now allows direct entry and faster approvals.
- UHC: Introduced automatic authorization portals and incentive programs (Golden Heart, Platinum) for high-performing providers to reduce administrative burden and speed up care access.
- CCH: Emphasized the importance of ensuring individuals reach safe care settings.

Utilization Management (UM):

- HB: UM is often misunderstood—it's not about denying care but ensuring patient safety and appropriate services. It's closely tied to care management and includes wraparound supports for high-need individuals.
- AHC: Most service authorizations have been removed to improve access.
- HB: Utilization decisions are based on Clinical Coverage Policies. Tailored Plans (SPs) cannot be more restrictive than Medicaid policy. Strong inter-rater reliability is maintained.

Self-Ratings by Standard Plans (SPs):

- AHC & WC: Rated themselves a "B"; working on HEDIS quality measures and improving behavioral health network adequacy and coordination.
- UHC: "B+" in some areas, "B-" in others; using AI-driven platforms and pharmacy-based telehealth pilots; still addressing administrative inefficiencies.
- CCH: Focused on pediatric behavioral health crisis response.
- HB: Rated "A" due to statewide presence, strong network, and telemedicine capabilities; emphasizes continuous improvement.

Key Questions & Discussion:

- Service Denials: Often tied to documentation issues or clinical guidelines. SPs conduct peer-to-peer reviews and follow evidence-based practices. SPs don't control Medicaid rates.
- Influence on Medicaid Policy: SP leaders don't have full authority but aim to align services with health outcomes and Social Determinants of Health (SDoH).
- Member Communication:
 - Feedback from MACs (Member Advisory Committees) suggests materials like Welcome Kits can be overwhelming.
 - SPs are exploring short videos, mobile units, and community listening sessions to improve engagement.
 - Peer Engagement Specialists play a key role in connecting with members and reflecting community needs.
- Top Challenges Identified:
 - Access to care

		<ul style="list-style-type: none"> ○ Sustainability of Medicaid Expansion ○ Long-term workforce and budget constraints ○ Reducing political influence in healthcare systems ○ Ensuring evidence-based care delivery <p>Next Steps:</p> <ul style="list-style-type: none"> • Dr. Laws requested SP representatives submit written responses to all SCFAC questions. • SCFAC is exploring how it can further support SPs and improve system-wide outcomes. 	
9.	Adjournment	The meeting concluded without a formal motion to adjourn.	

2025 Meeting Dates: Second Wednesday of Every Month

December 10, 2025	January 14, 2026
February 11, 2026	March 11, 2026

Meeting Link: <https://www.zoomgov.com/meeting/register/vJltdeCvqzgqHjnU0fZtd1KAyUVavCmeATs>

Participants must register for the meeting before the meeting.