

**MeckLINK Behavioral Healthcare
Consumer and Family Advisory Committee
Minutes
July 19, 2012**

Members Present: Sandy DuPuy, Gina R., Chelsi S., Debbie P., Gloria T., Kathy A., Ron R. Beverly C, Laura B., Carol V.

Members Excused:

Members Not Present: Barbara J., Peggy Q.

Guest: Darrell Vale, Pat Greenberg, Ken Greenberg, Willie Gray, Kim Olige, Armani Gilliam, Allison Crotty, Director of Consumer Affairs, PBH

AMH Staff: Dennis Knasel, Carla Cole, Gregory West

AGENDA	AGENDA ITEM	ACTION
Welcome & Introductions	<ul style="list-style-type: none"> • Sandy DuPuy, Chairperson, called the meeting to order at 5:30 • Sandy reminded the group about the confidentiality of the roster. • Guests introduced themselves. • Sandy introduced Allison Crotty, Director of Consumer Affairs for PBH. 	
Agenda	<ul style="list-style-type: none"> • A motion was made and seconded to approve the agenda. 	Agenda approved.
Public Comment	<ul style="list-style-type: none"> • Recovery NC is looking for volunteers to participate in the wellness rooms at the Democratic National Convention. 	
Approve Minutes	<ul style="list-style-type: none"> • Motion made and seconded to approve June, 2012 meeting minutes with minor revisions. 	Minutes Approved.

EDUCATION		
Challenges and Opportunities – The PBH Experience <i>Allison Crotty</i>	<p><u>Provider Application Process</u></p> <ul style="list-style-type: none"> • Allison Crotty presented an overview of the PBH Waiver implementation and provided advice on communication with consumers. She distributed informational materials. <ol style="list-style-type: none"> 1. Communications with families and consumers has always been the biggest challenge; we need to make sure they are aware of services and assuage their fears and anxieties regarding the changes under the Waiver. 2. Providers, consumers, and families need to be educated. CFACs will be able to provide much of the needed education, particularly about B3 services, to the community. 3. When holding community meetings it is important to have an organized way of answering questions and of tracking the audience. • The most effective ways they used to inform people about the forums were to use mailings to CAP recipients, publish notices in local newspapers, and advertising on the side of a bus in urban areas are good modes. She suggested using existing meetings to piggyback onto. Contact providers and ask to be included on their listserv in order to reach out to consumers and families. 	Allison provided handouts

	<ul style="list-style-type: none"> • Allison said the most important things to present at forums were that under the Waiver, MeckLINK Behavioral Healthcare is more like an insurance system, the Medicaid card is their insurance card, that it is a closed network, that quality will be improved, and that CFAC will work closely with current providers to make sure they are informed and educated. She encouraged members to seek out information and encourage consumers to do the same rather than waiting for information to be provided to them. • A question was posed regarding the resolution of grievances. Allison stated that initially PHB took grievances only if they were asked to do so but now they do this for every external call. Some grievances are unresolved due to lack of funds, while others are a result of consumers not receiving all the information they need. • Alison said CAP consumers did not lose services; they receive the same services but they are managed differently. 	<p>Trainings are available via the PBH website: www.pbhsolutions.org, then click the Waiver button – the first bullet is Q & A.</p>
CFAC BUSINESS		
<p>Confidentiality Statements <i>Greg West</i></p> <p>Approve Meeting Schedule <i>Sandy D.</i></p> <p>Membership <i>Chelsi S.</i></p>	<p><u>Confidentiality Statements</u></p> <ul style="list-style-type: none"> • Greg thanked the committee for their commitment to serve on CFAC. He stated that serving on community boards could make it easy to divulge information that is considered confidential. • He presented a Power Point that included HIPAA, URAC, and State policies and requirements regarding confidentiality. He discussed the need to protect consumers and presented different types of confidentiality breaches, including electronic data exchange. • He encouraged members to be mindful of their environments and what information they release. • Sandy stated that there is always an agreement among CFAC members that information about other CFAC members and their families is not shared with friends, family, or anyone else. <p><u>Meeting Schedule</u></p> <ul style="list-style-type: none"> • The meeting schedule was presented. A motion was made and seconded to approve the meeting schedule with revision to the December meeting dates. <p><u>Membership</u></p> <ul style="list-style-type: none"> • Chelsi S. presented one new application to the committee, Carol V. This applicant addressed the committee as to why she wants to join CFAC. She stepped out of the room for the CFAC vote. • A quorum was present. • Chelsi S. nominated Carol V. The motion was seconded. • The new member joined the group at the table. <p><u>Waiver Communication Plan</u></p> <ul style="list-style-type: none"> • Sandy stated that she and Andy Fair, the county’s public information liaison to MeckLINK Behavioral Healthcare, are part of MeckLINK’s Communication Committee that is working on 	<p>Greg distributed copies of his Power Point presentation and a confidentiality agreement for each member to sign.</p> <p>Motion approved unanimously.</p> <p>Motion approved unanimously.</p>

<p>Waiver Communication Plan <i>Sandy D.</i></p>	<p>developing a communication plan and on materials for publication to consumers and the community. They meet every Monday and are currently working on a letter to consumers about the change in management of Medicaid behavioral health benefits. The letter will be sent to everyone receiving Medicaid services in Mecklenburg County. A second page will be included with information sessions listed.</p> <ul style="list-style-type: none"> • Three information sessions will be held for I-DD and three for SA/MH monthly beginning in September. Sandy has asked the Provider Council Executive Board to encourage providers to invite their consumers. • Two other letters are in development – one for the Innovations waiver and one for care coordination. Upon completion they will be distributed at forums and will be placed on the website. • Nancy Cody was recently promoted to Manager of a new unit called Advocacy, Outreach and Communication. • The first forum date was changed from August 9 to August 16. A motion was made and seconded to approve the Medicaid Letter and Informational Sheet with minor revisions. 	
<p>Retreat <i>Sandy D.</i></p>	<p><u>CFAC Retreat</u></p> <ul style="list-style-type: none"> • Sandy will send the schedule and agenda. The agenda will be arranged similarly to last year, by functional areas. 	<p>Motion approved unanimously.</p>
<p>Employment First Update <i>Ron R.</i></p>	<p><u>Employment First Update</u></p> <ul style="list-style-type: none"> • Sandy congratulated Ron for being the standard-bearer for Employment First in NC and for being elected to Chair of the NC Council on Developmental Disabilities. • Ron stated that much is going on at the local, State, and national levels. 13 states have passed legislation re: Employment First. The premise is that any publicly funded dollar used for treatment and support services for a person should include an employment goal to achieve full inclusion in the community. There is movement to get similar legislation in NC. NC has now established a steering committee with representation by DPI(Dept of Public Instruction), DMH, DSS, DMA and many agencies and advocacy groups. • Ron said there is a disconnect between what people want and what is happening in the system and suggests that we look at philosophy of care coordination at the LME level and whether they are looking at the greatest level of advocacy. • DPI is looking to have more collaborative community teams and is meeting more frequently. CMS has a new level of EC for junior and senior high school students; the purpose is to facilitate better outcomes through various activities. • NAPSE (National Association for People in Support of Employment) changed its name to Association for People Supporting Employment First because this is the vision. The DD 	

	<p>Council sponsors a NC Alliance for Full Participation that is facilitated by the U of Massachusetts which works with many states to foster better outcomes. The DD Council also funded the State Employment Leadership Council and studied how NC is doing on employment for people with IDD.</p> <ul style="list-style-type: none"> • A question was asked regarding whether the Council looks at prejudices? Ron responded that they do; they focus on changes of attitudes and beliefs on the part of employers. • There is a National Business Leadership Network in Charlotte; it is comprised of all private companies with the mission to foster the hiring of people with disabilities and doing so for the right reasons. 	
CHAIR'S REPORT		
<i>Sandy D.</i>	Deferred.	
MECKLINK UPDATE		
<p>LME/MCO Director Update <i>Dennis Knasel</i></p> <p>Waiver Update <i>Dennis Knasel</i></p> <p>BOCC Report Q & A <i>Sandy D.</i></p> <p>Community Systems Indicators Report</p>	<ul style="list-style-type: none"> • The press release has been sent regarding the new Director, Phil Endress. Dennis stated that Phil has thirty-two years' experience in MH/SA/DD and that everyone is pleased to have him. • State's final budget allocation for FY 2012-13 had reductions in SA Block Grant funds and in single stream funding. There was a reduction in Social Services block grant funds for IDD that was unexpected. These reductions will not impact services to current consumers but will limit the number of new consumers who will be able to access certain services. • Every dollar has been allocated and that if we have new consumers coming into system with complex needs we will face challenges as to how to respond and accommodate their needs. One way to address this will be mid- and late-year utilization reviews; if dollars aren't being used in one area they can be shifted to other services where needed. • Dennis discussed changes in provider contracts and the rich benefit plan Mecklenburg County has had for its consumer population in relationship to other LMEs across the state. • IDD consumers are most likely be impacted. <p><u>Waiver Update</u></p> <ul style="list-style-type: none"> • Nothing new or different to report. They are moving along as quickly as possible with all areas of implementation. <p><u>BOCC Report</u></p> <p>Sandy asked members if they had any questions about the report. There were none.</p> <p><u>Community Systems Indicators Report</u></p> <ul style="list-style-type: none"> • Sandy stated that the report hasn't been reviewed in sometime but that it would be on future 	

<p><i>Sandy D.</i></p> <p>Provider Applications <i>Dennis Knasel</i></p>	<p>agendas.</p> <p><u>Provider Applications</u></p> <ul style="list-style-type: none"> • B3 services will be included in the DMA capitation rate and that Chuck Hill is taking the lead on issuing RFPs for each of those services. • Community Guide is not case management. They will be deliberate about what that service is and make sure people understand it is. • Provider applications: the Medicaid agency enrollment application was released June 25th; Chuck Hill presented at InfoShare last week. Detailed instructions are on the website. • To date 22 applications have been received. Any applications received by July 25th will be considered expedited applications and will receive full attention. • There are over 200 providers we have contracted with or have a MOA for direct bill Medicaid enhanced services. • There are currently have 56 credentialed providers. • Sandy asked about the feedback from providers about the process. There is a Q & A on the website; Chuck has made sure all questions have answers. Most of Chuck's time is being spent reminding providers that the info is on website. Also, the subcommittee that developed the application process will give a training to help providers. • The Independent Practitioner Application has not been released but hopefully will be the 1st to 2nd week of August. • CVO does the review and credentialing of all LIPs (Licensed Independent Practitioners). Those applications will go directly to CVO. CVO reports back whether the application is clean or not. Clean applications will go to the credentialing committee for the standard process. 	
DIVISION UPDATE		
<i>Suzanne Thompson</i>	<ul style="list-style-type: none"> • Suzanne Thompson was unable to attend this meeting. 	
ANNOUNCEMENTS	Jim Jarrard has been appointed acting DMH director following the tragic death of Steve Jordan.	
NEXT MEETING	August 16, 2012	
FUTURE AGENDAS	Website Review; Plan of Correction Policy; Service Definitions; Quarterly-Clinical/Medical Directors Reports & BOCC Report	
ADJOURNMENT	Meeting adjourned at 7:28 pm.	

Sandy DuPuy, Chair of Consumer & Family Advisory Committee

Date