

**Mecklenburg County Local Management Entity
Consumer and Family Advisory Committee**

**Minutes
August 20, 2009**

Members Present: Ron Reeve, Steve M., Chelsi S., Ken G., Kathy A., Jim W., Sandy D., Barbara J., Dorothy D., Chris B., Pat O.

Members Excused: Rina F., Lora C., William M.

Guest: None

AMH Staff: Barbara Cross, Dennis Knasel

AGENDA	AGENDA ITEM	ACTION
Welcome & Introduction	<ul style="list-style-type: none"> ▪ The chair called the meeting to order. ▪ Everyone introduced themselves. 	
Agenda	<ul style="list-style-type: none"> ▪ There were some changes made to the agenda. <ul style="list-style-type: none"> ○ The Education topic, the Membership Report and the CCAC Report will be deferred. ▪ There was a motion given and a 2nd motion received to approve the agenda with changes. Motion approved. 	Agenda Approved
Quorum	<ul style="list-style-type: none"> ▪ A quorum was present. 	
Public Comment	<ul style="list-style-type: none"> ▪ The Arc of NC Annual Conference will be at the Embassy Suites in the University Area on September 25 – 26th. 	
Approve Minutes	<ul style="list-style-type: none"> ▪ The minutes were reviewed. There were a couple minor wording changes noted. ▪ There was a motion given and a 2nd received to accept the minutes with change. Motion approved. 	Minutes Approved

EDUCATION		
Peer Support Programs		Deferred at this time.
CFAC BUSINESS		
CFAC Retreat Discussion <i>Ron Reeve</i>	<ul style="list-style-type: none"> ▪ The LME will be holding a Public Forum on Monday, August 31st from 6 – 7 pm to discuss the budget and to get community feedback. ▪ The LME will be holding an Advisory meeting on Wednesday, September 2nd from 1:30 – 3:30 pm to discuss the budget and expenditures. ▪ Committee members gave feedback regarding the retreat stating it was informative, helpful, like the different continuum discussions, and the ability to ask questions. ▪ Paid claims data was reviewed and discussed. ▪ There was some discussion on Medicaid claims. Dennis referred persons to contact DMA for questions regarding Medicaid billing. ▪ The IPRS and County dollar allocations are done by reviewing utilization levels and paid claims at the end of April to early May for the next fiscal year projections. Providers typically request a higher level of authorization than utilization actually is. The budget climate determines the amount of dollars being allocated. If it is a healthy budget year, there may be allocation increases given to providers providing a particular service, based on utilization and service demands. ▪ The agency gets a contract specific to service categories and dollar amounts. The provider is required to manage within these two variables. ▪ Approximately five years ago, all the dollars were allocated at the beginning of each fiscal year. The downside of allocating all available funding at the beginning of each fiscal year is there are dollars sitting in contracts not being utilized. The process was changed to allocate by service categories to allow shifting of funding, as needed. ▪ Prior to March 2006, the LME controlled the Medicaid network. After March 2006, all Medicaid is direct bill, except for Targeted Case Management and Therapeutic Foster Care. The LME receives the Medicaid paid claims data, which is used to verify the consumer is registered with the LME. ▪ The rate structure for services is set by the state and is the same for all providers. ▪ The LME has no influence on how Medicare and Medicaid dollars are spent. The LME only has control on how the County and IPRS dollars are spent. ▪ The LME receives a lump sum of IPRS dollars. However, there are also some funding categories attached to specific services or providers for a specific service, examples being crisis services, walk-in clinic, and federal block grant funds. ▪ Ron Reeve and Jim W. stated it would be helpful to look at the current allocations for each of the service categories. ▪ Dennis K. stated the focus needs to be on services and not providers. 	Plan to have an annual CFAC Retreat each August

Employment First Forum <i>Ron Reeve</i>		Deferred at this time.
Division Consumer Empowerment Team Role <i>Ron Reeve</i>		Deferred at this time.
Membership Report <i>Lora C.</i>		Deferred at this time.
CCAC Report <i>Rina F.</i>		Deferred at this time.
Provider Performance Report Status <i>Ron Reeve/Sandy D/ Dennis K.</i>	<ul style="list-style-type: none"> ▪ Each category criteria was reviewed. ▪ The Frequency and Extent of Monitoring (FEM) tool is a state tool used to monitor and rate providers. ▪ It was suggested for the 3-star and 4-star rating, the consumer satisfaction survey must be 1-the provider survey and 2-the state survey. ▪ Sandy stated some rewording may be needed, as well as adding footnotes. ▪ There was a motion given and 2nd motion received to accept the report. Motion approved ▪ The question was asked if a provider could meet a category rating without meeting all the criteria in that category. It was suggested to weigh the criteria and develop a scale. ▪ The committee agreed you could not meet category 1 or 2 ranking without meeting all the criteria for those categories. ▪ There was some discussion on have a rating of 2.5 with meeting all the category two criteria and some of the category three criteria. The same for a rating of 3.5, meeting all the category three criteria and some of the category four criteria. It was stated all criteria in category three must be met in order to receive that ranking. ▪ There will be a qualifying committee that will review the information and determine the rating. The qualifying committee will be a subcommittee of CFAC, with no outside participants. ▪ The providers are rated annually, except for the accreditation criteria. ▪ A suggestion was to allow the providers to request an additional review from the qualifying committee to possible obtain a higher rating, with only one request per year. ▪ The priority of review will be Child IPRS providers, then the direct bill Child Medicaid providers. ▪ The question was asked if providers could withdraw from the rating or prohibit the LME from publishing the rating. It was stated a desk review is conducted and if there is information missing, the provider will have 10 business days to submit the information. The provider will then be rated and the rating would be published. The provider will not have the option to decide if their rating is published. 	Report approved. Provide CFAC Report at September InfoShare
LME UPDATE		

Budget Status <i>Dennis Knasel</i>		Deferred at this time.
Status & Impact of Closing Level 3 & 4 Residence <i>Dennis Knasel</i>		Deferred at this time.
Endorsement Withdrawal Report <i>Dennis Knasel</i>		Deferred at this time.
Provider Plans on Correction Report <i>Dennis Knasel</i>		Deferred at this time.
Update on Alternative Service Definitions <i>Dennis Knasel</i>		Deferred at this time.
UPDATES		
MH Commission update <i>Sandy D.</i>	<ul style="list-style-type: none"> ▪ Sandy D. gave an update on the MH Commission meeting. Secretary Cansler spoke at the MH Commission stating he will appoint an Assistant Secretary, who will be responsible for MH services. He has appointed J. Luckey Welsh in charge of the Facilities section, in which Mr. Welsh was given a list of goals to achieve before the next fiscal year. ▪ Secretary Cansler stated his # 1 job is to reestablish confidence in the MH system. He has acknowledged there is a breakdown in communication between agencies and has developed a team of people from these agencies to meet regularly to make sure they communicate with one another. 	
ANNOUNCEMENTS	<ul style="list-style-type: none"> ▪ MHA Annual Conference – Wrightsville Beach, September 23rd – 24th ▪ NCAPSE/SCAPSE Employment First Conference – Myrtle Beach, September 23rd – 25th ▪ Carolinas Walk Now for Autism Speaks – Charlotte Motor Speedway, October 10th 	
NEXT MEETING	September 17, 2009	
FUTURE AGENDAS	Supported Employment, Best Practices Update (Quarterly), NC TOPPS, SA RFP Follow-up Reports	
ADJOURNMENT	7:45 pm	

Ron Reeve, Chair of Consumer & Family Advisory Committee

Date