

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

**Minutes  
March 18, 2010**

**Members Present:** Ron Reeve, Steve M., Kathy A., William M., Rina F., Chelsi S., Ken G., Sandy D., Jim W., Peggy Q., Dorothy D., Joanne H., Pearlie C.

**Members Excused:** Lora C., Barbara J.

**Members Unexcused:** Pat O.

**Guest:** Ed Payton, Gloria Tiller

**AMH Staff:** Barbara Cross, Dennis Knasel

<b>AGENDA</b>	<b>AGENDA ITEM</b>	<b>ACTION</b>
Welcome & Introduction	<ul style="list-style-type: none"> <li>▪ The chair called the meeting to order.</li> <li>▪ Everyone introduced themselves.</li> </ul>	<ul style="list-style-type: none"> <li>▪ For information only.</li> </ul>
Agenda	<ul style="list-style-type: none"> <li>▪ The agenda was reviewed.</li> <li>▪ There was a motion given and a 2<sup>nd</sup> received to accept the agenda. Motion approved.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Agenda Approved.</li> </ul>
Quorum	<ul style="list-style-type: none"> <li>▪ A quorum was present.</li> </ul>	
Public Comment	<ul style="list-style-type: none"> <li>▪ Gloria Tiller attended to observe and learn more about the committee.</li> <li>▪ Ken G. attended The Coalition Town Hall Meeting held this past Monday. He stated two State Legislators were present and asked if two bills (1-MH/SA and 2-DD) could be introduced to support the system.</li> </ul>	
Approve Minutes	<ul style="list-style-type: none"> <li>▪ The minutes for 2/18 and 3/04 were reviewed.</li> <li>▪ There was a motion given and a 2<sup>nd</sup> motion received to accept the minutes. Motion approved.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Minutes Approved.</li> </ul>

## EDUCATION

Mecklenburg Open  
Door & MeckPromise  
*Ed Payton*

- Ed Payton, Executive Director of MOD, thanked CFAC for their time and commitment to Mecklenburg County.
- Information was distributed and discussed.
- MOD was established in 1985.
- MOD's services focus around safe housing.
- MOD's vision is to transform the face of mental wellness.
- MOD has expanded from providing two services (group home and apartment living) in 2004 to 14 services in 2010.
- MOD has received a three-year CARF accreditation in 2009 for:
  - Community Support/Case Management
  - Supported Housing (one of four agencies in the state who received accreditation for the Supported Housing Program)
  - Agency Governance
- The number of persons served has increase from 38 persons in 2004 to 500+ in 2010.
- There are six areas MOD measures themselves against in their quality improvement plan: 1- Informative, 2-Satisfying, 3-Employee Driven, 4-Cost Effective, 5-Recovery Minded, and 6- Accessible.
- MOD does not have a fund balance, so they rely on funding sources and current budget to start new programs.
- MOD current array of services:
  - Permanent housing: five group homes serving 30 persons, five apartment complexes with 9-10 unit complexes serving 48 persons, and 19 scattered-site condominiums in four neighborhoods serving 24 persons.
  - Community Support/Case Management
  - Community Support Team
  - Shelter Plus Care HUD Administrative Services: MOD handles the administrative services. The County issues a check to MOD, who will pay the landlords. MOD also conducts HUD annual inspections or when there is turn over.
- Charlottetown Manor has two transitional housing programs: 1-Recovery Solutions, which has 36 slots currently with 25 persons and 2-Friendship Flight, which has 38 slots and is almost full. Also, it is the location for the Giving Tree Drop-in Center and the TransMed Clinic, which provides medication management and outpatient therapy.
- Ed P. mentioned there is too much non-supervised housing in the community. They are part of an initiative to focus on employment and the ability to manage a household, which will continue to be a main concern.
- Mecklenburg Promise was established in 2006.

	<ul style="list-style-type: none"> <li>▪ Mecklenburg Promise provides recovery training and peer support services.</li> <li>▪ MOD is pursuing certification to become a CABHA and is interested in providing Case Management Services, Community Support Team, Peer Services, Comprehensive Clinical Assessment, Medication Management, Outpatient Therapy, Integration with Primary Care, Community Support Team and Psycho Social Rehabilitation.</li> <li>▪ MOD does not currently provide Psycho Social Rehabilitation and currently has a merger project in place to absorb a provider who is currently providing this service.</li> <li>▪ MOD will need to hire a Medical Director and Clinical Director, which is a CABHA requirement. Sixty percent of the MD's time is billable. One hundred percent of the Clinical Directors time is non-billable.</li> <li>▪ The direct cost for the CABHA staffing requirements is estimated at \$523,000 for the first year. It is estimated that \$275,000 can be recouped thru billing, leaving a 'net' cost of \$248,000.</li> <li>▪ MOD will look at absorbing the smaller agencies who will not survive in the environment.</li> <li>▪ There are three processes to absorb an agency and provide the service: <ul style="list-style-type: none"> <li>1. Endorsement by the LME</li> <li>2. Licensure</li> <li>3. DMA number for Medicaid billing</li> </ul> </li> <li>▪ If the agency being absorbed is not accredited. MOD has to have that service accredited in a reasonable timeframe.</li> <li>▪ MOD's budget in 2003 was \$650,000 and is now \$5.5 million (County and IPRS funding).</li> <li>▪ The group homes are for adults with chronic mental illness. The consumer must be disabled by the HUD definition. The homes are equipped for person with physical disabilities and personal care assistance can be provided.</li> <li>▪ Next year, MOD will spin off Mecklenburg Promise to become its own agency. The agency will become a consumer run agency and will have the ability to secure additional funding to expand services.</li> <li>▪ MOD is also interested in the transitional youth to adult population.</li> <li>▪ MOD is striving to become less dependent on public assistance and more dependent on private gifts.</li> </ul>	
<p>Crisis Stabilization Unit Status <i>Ed Payton</i></p>	<ul style="list-style-type: none"> <li>▪ The Rudolph Recovery Center is a 16 bed facility based crisis unit. Sixteen beds is the capacity for a licensed setting.</li> <li>▪ This is one step below the emergency department.</li> <li>▪ There will be 24-hours admissions and staffing.</li> <li>▪ The first floor of Charlottetown Manor will be remodeled and construction will take place around the clock, 24/7.</li> <li>▪ The funding is in place for the project, but must be used by July 1, 2010.</li> </ul>	

	<ul style="list-style-type: none"> <li>▪ The target start date is July 1, 2010.</li> </ul>	
<b>CFAC BUSINESS</b>		
<p>Medicaid 1915 (b)/(c) Waiver Application <i>Ron Reeve/ Dennis Knasel</i></p>	<ul style="list-style-type: none"> <li>▪ The Board of County Commissioners (BOCC) approved the LME to apply for the Medicaid Waiver.</li> <li>▪ Only five LMEs qualify to apply based on the required Medicaid consumer threshold and four are applying.</li> <li>▪ Ron R. mentioned the smaller providers are making noise, which is more related to the CABHA requirement.</li> <li>▪ With the Medicaid waiver, the LME will have the authority to control the provider network, and have more flexibility to provide required services.</li> </ul>	
<p>Mental Hope Inclusion Petition <i>Ron Reeve</i></p>	<ul style="list-style-type: none"> <li>▪ Ron R. submitted CFAC's endorsement on the petition.</li> <li>▪ Sandy D. mentioned persons can sign up for daily email newsletters on the <a href="http://www.ncmentalhope.org">www.ncmentalhope.org</a> website.</li> </ul>	
<p>Provider Performance Report &amp; AMH Website Input <i>Sandy D.</i></p>	<ul style="list-style-type: none"> <li>▪ There are implications to the Provider Performance Report (PPR) regarding the Medicaid waiver.</li> <li>▪ Providers with one star will not be included in the Provider Network.</li> <li>▪ The explanation of the star ratings have been posted online.</li> <li>▪ The Provider Council and LME would like to develop a review process and guidelines will need to be established.</li> <li>▪ The review committee will consist of members from CFAC, Provider Council Executive Committee, advocacy groups, and the LME.</li> <li>▪ Sandy D. mentioned we may see some push back within the four star standards regarding consumer and family member involvement.</li> <li>▪ Dennis K. mentioned the LME has been asked to provide training sessions regarding the PPR. As of now, the providers actively involved chose to participate from the creation. The smaller direct bill Medicaid providers who were previously not engaged and now are getting concerned. Dennis K. would like for the training to be collaboration between CFAC, the Provider Council Executive Committee and the LME. The committee agreed to this plan.</li> <li>▪ The standards are as objective as they can be. The internal LME process is to have the service analysts complete the report; their supervisor will double-check for consistency.</li> <li>▪ A couple key areas on the PPR, i.e., consumer and family involvement with their provider agency and BP models and approaches, are above and beyond the minimal state requirements, but are key areas for a waiver environment.</li> <li>▪ The rating process: <ul style="list-style-type: none"> <li>○ Service analyst will give a score and assign a star rating.</li> <li>○ Provider will be notified via letter with status and given # days to respond with initial or immediate concerns or to share feedback.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>○ If applicable, the review panel will schedule a time to meet with the provider.</li> <li>▪ Sandy D. mentioned there will be some changes made to the AMH website, which will include additional places to access the CFAC site.</li> </ul>	
<p>Consumer Handbook Status <i>Sandy D.</i></p>	<ul style="list-style-type: none"> <li>▪ The LME has to submit a consumer handbook as part of the waiver application, which has to meet a series of requirements.</li> <li>▪ Jill Scott is creating the handbook and Sandy D. recommended postponing review until after this version is created.</li> <li>▪ The LME is focused on describing who they will be as a managed care agency in the context of the application requirements.</li> <li>▪ Ron R. mentioned he wanted the LMEs mission and vision to remain consumer focused.</li> <li>▪ There will be a special InfoShare meeting on March 31<sup>st</sup> from 9-10 AM to inform more about the Medicaid Waiver.</li> <li>▪ A public meeting will be held on March 3<sup>1st</sup> from 6-7 PM to discuss the Medicaid Waiver Application process and seek feedback from the community.</li> <li>▪ The LME has received feedback from providers who interact with pbh. Feedback given: <ul style="list-style-type: none"> <li>1. To continue the open communication and include the providers in decisions.</li> <li>2. The smaller direct bill Medicaid providers are concerned they will be put out of business.</li> <li>3. There are mixed reviews on the LME managing care like it did before the MH reform.</li> </ul> </li> <li>▪ The LME cannot provide services at the time of the application submission. The PSO will become a separate organization, whether it's free standing or merge with an existing county department.</li> </ul>	
<p>CFAC Quarterly Data Review <i>Ron Reeve</i></p>	<ul style="list-style-type: none"> <li>▪ Data was reviewed and discussed.</li> <li>▪ Some of the data is random and raises questions.</li> <li>▪ Ron R. commented he hopes the waiver will provide more stable management.</li> <li>▪ Ron R. challenged the committee to review the data in detail and to look at how much money is being spent on services.</li> <li>▪ Jim W. suggested tracing five examples to see what we learn from the information. Joanne H. suggested speaking with the consumer and/or family to see if they received the services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Jim W. will choose the examples to be further researched.</li> </ul>
<p>Employment First <i>Ron Reeve</i></p>	<ul style="list-style-type: none"> <li>▪ Ron R. mentioned he attended a 2-hour meeting this morning with the Business Leadership Network (BLN).</li> <li>▪ There are approximately 20 different employers at the table.</li> <li>▪ Information was shared on the positive benefits of employment.</li> <li>▪ Upcoming events: <ul style="list-style-type: none"> <li>○ MDAC Employment First Forum - April 22<sup>nd</sup></li> <li>○ Americans with Disabilities Act (ADA) – anniversary in July</li> <li>○ Disability Employment Awareness Month - October</li> </ul> </li> <li>▪ BLN will meet monthly primarily to share information.</li> </ul>	

	<ul style="list-style-type: none"> <li>▪ MDAC is starting to push to make Charlotte a fully accessible city. There are currently two cities who press on this: Chicago, IL and Atlanta, GA.</li> </ul>	
<b>LME UPDATE</b>		
<p>CABHA Status <i>Dennis Knasel</i></p>	<ul style="list-style-type: none"> <li>▪ The LME had a conference call yesterday regarding the CABHA. Dennis K. is the LME contact.</li> <li>▪ There are certain aspects of the CABHA requirements that the State is backing off on: <ul style="list-style-type: none"> <li>○ As part of the review process, an agency had to submit an attestation letter stating the services and staffing they will provide to be eligible to become a CABHA. The initial requirement was to have the staffing in place and be providing the service for at least 60 days, before the State would do a site visit. Now the State is saying, you do not have to be providing the services for full 60 days, but the staffing would need to be in place.</li> <li>○ Regarding licensure: the LME can endorse the provider to provide a service, but the provider cannot provide the service until they have received their license. The State has arranged for Division of Health Service Regulation to be in town for a couple days to do a mass review and issue licenses.</li> </ul> </li> <li>▪ This is all linked to the timeline issue.</li> <li>▪ Some new information received: <ul style="list-style-type: none"> <li>○ For example, if another county provider is certified to become a CABHA to provide adult continuum services in their county, they can provide adolescent in home services in another county, without having a continuum of both services.</li> </ul> </li> <li>▪ Another concern from the providers is obtaining their DMA Medicaid billing number. The State is saying if you are licensed and endorsed prior to June 30<sup>th</sup> and the only holdback is obtaining the billing number, it is possible the provider may still be certified as a CABHA and the billing number will be retro back to July 1<sup>st</sup>.</li> <li>▪ The LME is waiting to receive the list of providers who submitted a letter of intent or attestation.</li> </ul>	
<p>Budget Update <i>Dennis Knasel</i></p>	<ul style="list-style-type: none"> <li>▪ The departments were recently notified on the total amount to reduce.</li> <li>▪ The BOCC prioritized AMH services in the following levels: <ul style="list-style-type: none"> <li>○ Level 1 - Adult Mental Illness Prevention &amp; Protection</li> <li>○ Level 2 - Substance Abuse Prevention &amp; Treatment</li> <li>○ Level 4 - Disability Prevention &amp; Treatment</li> </ul> </li> <li>▪ The County asked for 5% reductions for this FY, but has currently taken only a small amount of the AMH submitted reductions.</li> <li>▪ For FY 2011, AMH will need to reduce by 5.6%, equaling \$2.4 million.</li> </ul>	
<p>Secretary Cansler Meeting</p>	<ul style="list-style-type: none"> <li>▪ Ron R. mentioned Secretary Cansler will be at CMC-R.</li> <li>▪ Ron R. will speak with him regarding CFAC.</li> </ul>	

<i>Dennis Knasel</i>		
<b>ANNOUNCEMENTS</b>	<ul style="list-style-type: none"> <li>▪ PBH CFAC Person Centered Conference – 4/29-30, Embassy Suites, Concord, NC</li> <li>▪ Coalition/Arc Meeting re: Medicaid Waiver – 4/15, Arc Office, Park Road</li> <li>▪ NC APSE Conference - 4/7-9, Atlantic Beach, NC</li> <li>▪ APSE National Conference – 6/8-10, Atlantic, GA</li> <li>▪ MDAC Employment First Forum – 4/22, 5700 Executive Center Drive</li> <li>▪ NAMI National Convention – 6/30 – 7/3, Washington, DC</li> <li>▪ MH/DD/SA ‘Be the Bridge’ Rally – 5/21, Marshall Park, Charlotte</li> <li>▪ Mecklenburg Service Delivery Symposium – 4/24, 10 AM to 2 PM, UNCC</li> </ul>	
<b>NEXT MEETING</b>	April 15, 2010	
<b>FUTURE AGENDAS</b>	Best Practices Update (Quarterly), LME Strategic Plan Review, SA RFP Follow-up Reports, Self Advocacy	
<b>ADJOURNMENT</b>	7:30 PM	

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 Ron Reeve, Chair of Consumer & Family Advisory Committee

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 Date