

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

**Minutes
September 15, 2011**

Members Present: Sandy D., Dorothy D., Steve M., Barbara J., Chelsi S., Gloria T., Kathy A., Ken G., Ron R., Debbie P.

Members Excused: Lora C. Peggy Q.

Members Not Excused:

Guest: Brenda Burris, Taylor Zublena, Sherard Bradford, Stephanie Juilen, Suzanne Thompson

AMH Staff: Dennis Knasel, Gwen Drayton

AGENDA	AGENDA ITEM	ACTION
Welcome & Introduction	<ul style="list-style-type: none"> ▪ Sandy DuPuy, Chair, called the meeting to order 	
Agenda	<ul style="list-style-type: none"> ▪ Change date on the agenda for InfoShare to Oct 5th, 2011. ▪ August minutes have not been reviewed. ▪ There was a motion given and a second motion received to approve the agenda. Motion approved. 	<ul style="list-style-type: none"> ▪ Agenda Approved.
Public Comment	<ul style="list-style-type: none"> ▪ Barbara J. commented on the budget cuts that were made at InReach and there is a waiting list for Supportive Employment services. A suggestion was made to switch to Goodwill or other provider that provide Supportive Employment services. 	
Approve Minutes	<ul style="list-style-type: none"> ▪ There was a motion given and a second motion received to approve the July minutes. Motion approved. 	<ul style="list-style-type: none"> ▪ Minutes Approved.

EDUCATION		
CCPGM Community Care Partners of Greater Mecklenburg <i>Taylor Zublena (Clinical Care Coordinator)</i>	<ul style="list-style-type: none"> ▪ Taylor gave an overview of CCPGM services. CCPGM covers Mecklenburg, Union and Anson County. ▪ CCPGM is servicing patients with Carolina Access 2 Medicaid. ▪ Carolina Access Medicaid is Medicaid for high risk patients. ▪ Two names came together to form CCPGM network, Community Care of NC and Carolina Access. ▪ There are about 124 thousand enrolled in this program within the covered counties. ▪ CCPGM started out with Nurse Care Managers. Currently there are 171 provider practices that are Medical Homes. No specialist on board at this time. ▪ CCPGM is currently acquainted with nine different hospitals. ▪ The Clinical Care Team acts as a support staff to patients. ▪ The main effort is the integration of behavioral health with physical health and other community 	<ul style="list-style-type: none"> ▪ Handouts distribute reference to CCPGM power-point presentation ▪ Taylor will send

	<p>resources that patients are utilizing or need to be connected to.</p> <ul style="list-style-type: none"> ▪ Main focus is to improve the quality of care for all patients and cutting cost by decreasing hospital visits. ▪ CCPGM has a staff of 80 at this time and looking to extend to around 150 in year 2012. ▪ CCPGM is also looking to extend their services to Medicare patients. ▪ Committee was allowed Question and Answer time after Taylor’s presentation. 	<p>additional information and DSS Medicaid number to Sandy D.</p>
CFAC BUSINESS		
<p>Retreat, Provider Performance Report Review Team, SCFAC and CFAC Statue review <i>Sandy Dupuy.</i></p>	<p><u>Retreat:</u></p> <ul style="list-style-type: none"> ▪ Retreat is scheduled for Tuesday, September 27, 2011. Starting at 8:30 ending at 3:30. Retreat will be held at the Watkins Center. ▪ Stuart Berde of Consumer Empowerment Division and Mark O’Donnell, the LME liaison, are planning to come to the retreat. <p><u>Provider Performance Report:</u></p> <ul style="list-style-type: none"> ▪ Provider Performance Report Review Team has been assemble and is scheduled to meet on Oct. 3rd at 2:00PM. Gloria T. Steve M. and Sandy D. will represent CFAC. Dennis Knasel, Angie Jackson and Dana Frakes will represent the LME. Kelly Husn /Bayada Nurses, Angie Bunting/Connections BWB, Tim Holland /PCP and Kim Anthony-Byng/Anuvia will represent providers. ▪ This team will evaluate the current process and result trends. <p><u>State Statute:</u></p> <ul style="list-style-type: none"> ▪ A request was made from the Division to look at State Statutes re. the role and responsibilities of CFACs to see if there are any suggestions for changes in statutory language. ▪ Committee discussed local CFAC eligibility of members serving on the committee. ▪ Local CFAC bylaws state that owners and staff of providers’ agencies or family members are not eligible to sit on CFAC committees. Also LME staff or family member of LME staff are not eligible to sit on CFAC committees due to conflict of interest. Sandy D. recommends this to change in State policy as well. ▪ Steve M. would like for State CFAC to be required to provide teleconference accommodation to people what are not able to drive to state CFAC meetings. ▪ Any CFAC member can listen to state CFAC meetings but cannot speak or participate in discussions. 	<p>Local and State statues was projected on the screen.</p>
LME UPDATES		
<p>Waiver Status, RFP Budget Reductions <i>Dennis Knasel</i></p>	<ul style="list-style-type: none"> ▪ LME is contracting with BHM Healthcare Solutions to serve as the “project manager” for the wavier implementation. ▪ The consultant’s initial task was to review the LME original project plan and to bring it current with the new RFA and Draft DMA/MCO contract requirements. ▪ The new project plan was submitted to the division 2 wks ago. 	

	<ul style="list-style-type: none"> ▪ There is a monthly Interdepartmental Monitoring Team (IMT) call between each of the LME approved as a waiver site and staff of DMH and DMA. ▪ Meck Co. LME scheduled call is the second Wednesday of each month from 12:45 to 1:45. ▪ Every month there is a report out of process made in each of the functional areas within the waiver project plan. ▪ Meck Co. LME sends the Divisions their report progress summaries the Monday the week before the conference call. ▪ The IMT has request that the chair of CFAC and the chair of Provider Council’s Executive Board be included in the conference calls. ▪ LME has submitted an waiver implementation plan to the County Manager’s office. ▪ Once the implementation plan is approved additional staff will be recruited. ▪ Dr. Salazar did not renew his contract as Medical Director. ▪ County is looking to begin recruiting for a new Area Director within the next 30 days. ▪ Shelter Plus Care has been transferred to the County’s Community Support Service Department. ▪ State budget reduction is \$2.3 million. ▪ One option under discussion is that all agencies will receive the same % reduction. 	
<p>RFP Request for Proposal <i>Sandy D./ Dennis Knasel</i></p>	<ul style="list-style-type: none"> ▪ The RFP is still in draft form and has not been seen by the Provider Council Executive Board nor signed off by the LME leadership team. ▪ Changes are still being made to the RFP. ▪ There is only 1 evaluation committee (not two review committees as before). The evaluation committee will consist of 5 members. ▪ Membership on the evaluation committee include a CFAC member and a Community advocate/ stakeholder. ▪ One technical change is that the information sessions are now strongly recommended and not mandatory. ▪ One suggested change in the RFP is for the providers to list their experiences and give evidence of consumer’s outcome. ▪ This process will now be housed with the centralized Human Services Finance Department. 	
DIVISION UPDATES		
<p>Adult Care Homes CABHA Monitoring Waiver Update <i>Suzanne Thompson</i></p>	<ul style="list-style-type: none"> ▪ Adult Care homes are now at about fifty five homes and around three thousand consumers affected by state changes and potential cuts. ▪ CABHA monitoring is in full swing and finding mixed results. ▪ If a CABHA provider is not meeting standards they are being reviewed. Some consumers are being moved to providers that are qualified to meet needed care. 	
<p>CHAIR’S REPORT</p>	<ul style="list-style-type: none"> • Sandy D. attended the Provider Council Executive Board meeting. • The PCEB prepared a document to give to Michelle regarding the rebidding for services. • PCEB also did a survey to determine which providers want to move forward with 	

	<ul style="list-style-type: none"> • Michelle came to meeting to address their concerns. • Smaller agencies have concerns of not being able to compare or compete with bigger agencies for contract and state dollars. • PCEB is in the process of rewriting their bylaws to define membership that reflects the provider community composition across each consumer continuum. • Sandy D. receives the Quality Management Committee quarterly reports at the monthly meetings; reports include: Complaints, Incidents and Utilization Management. These reports mostly stay the same from month to month. • Nancy Cody watches the Complaint reports for trends. • Martha Joslin presents the Utilization Management reports. • The Person Centered Planning policy is being rewritten. • Proposed addition will include “Consumers should always receive a copy of their own PCP”. 	<p>Sandy D. Is going to email the Complaints, Utilization Management and the Incident report to CFAC members.</p> <p>Sandy D. will send Person Centered Planning policy to CFAC member with proposed additions.</p>
ANNOUNCEMENTS	<ul style="list-style-type: none"> • Autism Society of NC, Annual Conference, 3/30-31/12, Charlotte • Brain Injury Association of NC, Annual Symposium, 10/27-28/11, Cary • NC TIDE Fall Conference in Ashville, December 13- 16. • 	
NEXT MEETING	October 20, 2011	
FUTURE AGENDAS	LME Business Plan, SCFAC Plans and Objectives	
ADJOURNMENT	7:40	

 Ron Reeve, Chair of Consumer & Family Advisory Committee

 Date