



North Carolina State Consumer and Family Advisory Committee

C/O Community Engagement and Empowerment Team
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Wednesday, January 29, 2020

State CFAC Members

2019 - 2020

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Dear Secretary Cohen, Deputy Secretary Kinsley, Debra Farrington and Dr. Michelle Laws:

This letter summarizes the responses of members of the State Consumer and Family Advisory Committee (SCFAC) to the DHHS policy paper “North Carolina’s Design for State-Funded Services Under Behavioral Health and Intellectual/Developmental Disability Tailored Plans” dated December 30, 2019.

First, SCFAC recognizes the extraordinary efforts of the DHHS administration and staff in making certain that all aspects of Medicaid Transformation will be of great benefit to the consumers who receive services in this state and to the family members who are involved in the care process. Additionally, the desire of DHHS personnel to ensure that SCFAC, local CFAC’s, statewide and local community groups, and many, many consumers are all involved in the process, and kept advised of developments, is clear.

Second, many SCFAC members have participated in the webinars this past month concerning State-funded Services (SFS) in the Tailored Plans. We have found the presentations to be complete and very beneficial to understanding the intent behind and the direction of the design and implementation of Tailored Plans as this important transformation unfolds in North Carolina as legislated by the NC General Assembly and as designed and implemented by NCDHHS.


With regard to the overall design of the delivery of SFS, SCFAC agrees strongly with the clear “person-centered” approach taken by DHHS in assessing needs and in the stated plan of implementation. It is certainly reassuring to see delineated the five principles guiding the delivery of SFS (Introduction and Background p.3). However, SCFAC recognizes that the most significant impact of the plan will be in the details - what will actually happen “on the ground.” For example, SCFAC believes that many questions remain:

- Eligibility Criteria (p.5) How will every individual needing services be found and will they be assisted in their requests for services if they meet eligibility requirements?
- Waiting List for SFS and the Innovations Waiver (p.6) Of critical importance to many individuals but how can the waiting lists be made accurate, transparent and include all potential individuals? Will individuals be able to access accurate information on where they stand (or do not stand) on the list? Will there be funding and personnel for this critical task?
- Covered Services (p.7) Will there be an ongoing process for additions/modifications? Will that process include consumer/community input?
- Case Management (p. 10) Excellent concept but what will ultimately be the new definitions for children and adults with mental health needs?
- System of Care (p.11) Is the current SOC effective for Children & Youth under 21? Who will review and make recommendations?
- Provider Network (p.12) How do we ensure “availability for everyone?” What happens if not enough providers engage? What will be developed to specifically address gaps of coverage in rural (and often urban) areas?

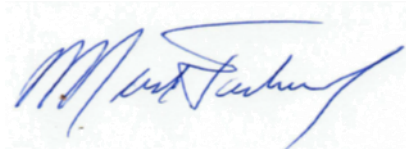
- Complaints & Appeals (p.13) A significant improvement over the current system, but will there be enough one-to-one support for “reasonable assistance” for recipients?
- Transition to Community Living (p.13) Excellent proposal but will it be enough?
- Local Health Functions (p.15) Critical, critical issue. SCFAC believes that local entities (public and community-based) are ready and willing to make this happen but will there be adequate funding and personnel to assist? Local CFAC’s will be important to this effort and must be included in any organizational structure.
- Accountability (p.16) Metrics will certainly be necessary but what will they be and who will respond if the standards are not met? Will there be consistency across all entities designated with the responsibility of effective analysis?
- Monitoring (p.17) Will DHHS be provided the necessary personnel to effectively monitor deliver? Will there be consistency across all responsible entities? Is there a role for SCFAC and LCFAC’s to assist in the monitoring process?

While SCFAC recognizes the possibility of numerous budgetary and statutory restraints as discussions continue within the NCGA - hopefully to be finalized soon, SCFAC continues its strong belief that the upcoming changes will ultimately be of great benefit to the people of North Carolina who most need our support. SCFAC members, together with their statewide individual and organizational partners welcome the opportunity to continue to work with both the NCDHHS and the NCGA as Medicaid Transformation proceeds.

Thank you,



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On behalf of the State Consumer and Family Advisory Committee