

CFAC Meeting Minutes

August 20, 2009

Present: Steve, Cheryl, Benita, Heather, Virginia, Edward, Shira, Allen, Suzanne and Michael

Guest: Nancy

Minutes: The minutes of the July meeting were approved.

REPORTS:

Update from CFAC Chair: Steve noted that he and Cheryl met with Judy Truitt and discussed the merger with Alamance-Caswell. Cheryl reported that Judy gave them a copy of the letter of intent that was sent from OPC to Alamance-Caswell LME. According to the letter, OPC would become the controlling authority, though Alamance-Caswell would have equal representation on the Board. Judy told Cheryl and Steve that Alamance-Caswell was given until August 30th to respond. Judy thinks they may have some concerns with some of the terms included in the letter, because OPC has not heard from them since the letter was sent. Cheryl reported that Judy told them the terms were largely non-negotiable, though it is possible that Alamance-Caswell may respond with a counter proposal. Steve & Cheryl said Judy told them that merger with another LME is inevitable, though it may be a long way in the future if the merger with Alamance-Caswell does not go through. OPC would most likely approach Five County LME at some point in the future if we do not merge with Alamance-Caswell. Cheryl added that they also discussed Preferred Alternatives with Judy because she had seen a sign for them in Wilmington and wondered whether they had relocated. Cheryl said she learned that they have expanded to other parts of the state but are still located in the Triangle.

Update from OPC CFAC Liaison: Michael provided updates on OPC's CARF accreditation and on the potential merger with Alamance-Caswell. OPC was notified that they received a 3-year accreditation from CARF. Michael said OPC was grateful to both Edward and Linda who had participated in the consumer interviews with the CARF surveyors. OPC will not seek to renew the accreditation with CARF in 3 years because the state does not approve CARF accreditation for LMEs who apply to do Medicaid authorization. Most likely, OPC will pursue accreditation through URAC for this purpose.

Michael added some information to what Cheryl and Steve shared regarding the merger with Alamance-Caswell. He said that Judy Truitt attended the August meeting of the Alamance-Caswell Area Board. They expressed some concerns about terms included in the letter of intent. The concerns they expressed were that OPC would take control of their money and resources; that OPC would not support services in Alamance and Caswell Counties; and that OPC's letter of intent did not include any provision for Alamance-Caswell to become a provider of "core services." They also expressed concerns that staff of Alamance-Caswell would lose their jobs. Judy noted that the last point was true, but told their Board that this will happen in any merger. Michael noted that the cost model would likely mean that OPC would add about 16 of staff from Alamance-Caswell to the merged LME. He said that Judy did offer reassurance to their Board that it would be in OPC's and Alamance-Caswell's best interests to make a merger successful, which means OPC would do all we can to support services in their counties. Also, Alamance and Caswell Counties would have equal representation on the Area Board, and would therefore have oversight of how the money and resources are used. Judy did tell them that OPC is not convinced that an arrangement in which Alamance-Caswell becomes a service provider would be successful in a merger, and OPC did not support that proposal. Michael said that OPC expects to receive a counter-proposal from Alamance-Caswell by the end of the month and would respond to it after it arrives.

Update from Division Liaison: Suzanne reported that the state has convened a work group to look at case management services that is comprised of staff from the Division of Medical Assistance, the Division of Public Health, and the Division of MH/DD/SAS. The workgroup has been convened because the new state budget calls for consolidating case management for *all* Medicaid-funded services. In addition, consumers and family members are represented on this committee. In addition, task groups have been formed to plan transition from Community Support to other services, and to develop a service definition for Peer Support Services. The intent would be for Peer Support to become a reimbursable service. Finally, Suzanne reported that the State CFAC is now looking for a family member who represents SA. This is to fill a vacant position, and the term will expire in 2011. Suzanne noted that it looks as though the State CFAC will now be meeting every other month. If anyone is interested in filling the vacant position, they should contact either Suzanne or Michael.

NEW BUSINESS:

State/DHHS Budget Update

Michael reported that after he forwarded to legislators the letter from CFAC concerning budget cuts, he did get an e-mail response from Rep. Pricey Harrison. The reply was likely automated, as it simply expressed thanks for contacting Rep. Harrison. The budget has since been passed and signed by Gov. Perdue. Although it is not as bad as it could have been, there are still steep cuts that are worrisome. Michael reviewed specifics, which included:

- \$40,000,000 cut in LME service funds. Michael said that OPC had not heard how these cuts would be spread across LMEs. Suzanne said that it would likely work out to about a 10% cut to each LME. Michael said that OPC had already planned for a 10% reduction when developing contracts with providers for this year. So if Suzanne is correct, this would mean no further cuts should be needed for OPC providers.
- \$16,000,000 reduction in supplemental state CAP/MR-DD funds, and a freeze on new CAP slots.
- Funding for Community Support Services would be reduced over the next 2 fiscal years, effectively eliminating the service. Cheryl asked what would happen to people receiving community support now? Suzanne and Michael explained that this process would include transitioning people to other services, which may include Community Support Team (which is not going away). Community Support Team is a more intensive level of Community Support.
- The number of Level III and IV group homes for children will be severely reduced, and Therapeutic Camps will be eliminated altogether.
- The co-pay for all Medicaid services will be increased by \$2.00.

Michael noted that there were some positive aspects of the new budget, including increases in funding for Mobile Crisis Teams, local inpatient beds, and START Crisis Services. These increases total more than \$13.5 million in each of the next two fiscal years.

Finally, Michael said he wanted to give CFAC a heads up that OPC expects to get something from the Division regarding our share of budget cuts. We then have to submit a plan of how we will accommodate the required cuts, which CFAC will need to sign-off on. There will only be a three week turn-around time from when OPC gets the letter to when the Division needs our plan. So this may have to be handled via e-mail, and may need a quick response from CFAC.

Consumer Satisfaction Survey Results

Michael pointed out that CFAC members had several documents in their packets this evening. Three of them are excerpts from the results of the 2008 Consumer Satisfaction Survey (one each for adults, adolescents, and parents/family members of young children). Michael noted that OPC did better than the state average on 36 of 39 questions on the adult survey. One area of improvement had to do with consumers being informed of their rights (OPC was below the state average on that the previous year). The three questions on which OPC was below the state average were on doing better at school or work; staff returning calls w/in 24 hours; and consumers being informed about side effects of medication.

As for the results of the surveys for adolescents and family members of children, OPC was below the state average on 17 out of 42 questions. We are concerned about this, but OPC's bigger concern is the poor rate of responses. Only eighteen adolescents completed the survey, and two parents or family members. So it is hard to extrapolate meaningful data from such low numbers. So OPC's focus is on improving the response rate this year. We have already required Plans of Correction from providers who failed to submit an adequate number of surveys (using the same standard the Division expects of LMEs). In addition, OPC is considering using LME staff and/or CFAC members to administer the survey. Michael will talk about potential CFAC involvement further when the next round of surveys is nearer.

AQIC 2008-09 Annual Report

Michael drew members' attention to another handout in their packets on the 2008-09 AQIC Annual Report. He gave a brief review of data on complaints and then noted that there was a steady downward trend over the last three years in state hospital admissions for OPC consumers. In addition, Michael pointed out that for the first time since he had been responsible to tracking trends in incident reports, allegations of abuse, neglect and exploitation represented the highest percentage of types of incidents reported last year. Normally the highest category is "consumer absence." Michael was not certain whether the actual numbers of these allegations have increased significantly, and plans to research this further. He encouraged CFAC members to review the data and let him know if there are areas they are interested in learning more about.

OLD BUSINESS:

CFAC Re-Appointments

No member terms were expiring in August.

Meeting with Alamance-Caswell CFAC

Michael said that the Alamance-Caswell CFAC had confirmed that some of their members would come to the September meeting. In July, CFAC thought it would be best to devote the first half of that meeting to regular business, and the second half to the two CFACs getting to know each other. Michael asked whether there was any specific format that CFAC wanted to use for the "getting acquainted" portion of the September meeting. Members agreed that it would be useful for each CFAC to talk about how they operate. Any time left over can be spent just getting to know each other.

COMMITTEE REPORTS:

AQIC

This Committee did not meet.

Provider Community/Quality Management Committee

This Committee did not meet.

Service Management Committee

This Committee did not meet.

Public Awareness and Advocacy Committee

This Committee did not meet.

PSW (Peer Support Workshop)

Edward shared that the PSW is coming together well. The workshop will take place on Friday, September 25th. Presenters are pretty much committed at this point, and there will be a number of agencies represented who will be at tables to provide information on the resources they have available. The Committee is trying to get registrations completed for the workshop, and committee members passed around forms at tonight's meeting that CFAC members can use to sign up.

Peer Support Center Committee
This Committee did not meet.

OPC Area Board
The Board did not meet in August.

Proposed Agenda for September Meeting:

- Meeting with Alamance-Caswell CFAC