



MEMBERS PRESENT: Caroline A. Bradstock-Chairperson, David Curro, Lotta Fisher, Michael McGuire, Amelia Thorpe, Tammy Harrington, C.J. Lewis, James Eby, Faye Griffin

VIA PHONE: LaTasha Jordan, Joe Kilsheimer

GUEST(S) PRESENT: Dr. Kemi Amola, Anna Cunningham, Yancee Perez, Rob Robinson, Amanda Graham, Doug Wright, Linda Losiniecki, Erica Shepherd, Stacy Guse (via Phone)

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
<p>1. Welcome/Overview:</p>	<p>Introductions:</p> <ul style="list-style-type: none"> Welcome guests Dr. Kemi Amola and Anna Cunningham <p>Additional handouts included:</p> <ul style="list-style-type: none"> Sub-Committee Meeting Minutes from Cumberland, Durham, Wake, Human Rights Board Committee, Global Quality Management Committee Local Business Plan Update – Doug Wright <p>Meeting Minutes from 8-1-16: Approved as Written</p>		
<p>2. Public Comment – Consumer/Family Challenges and Solutions:</p>	<p>Public Comments:</p> <ul style="list-style-type: none"> Caroline Ambrose got married, her new name is: Caroline Ambrose Bradstock. James Eby has resigned from CFAC, moving to New Hampshire – “Thank You All for Everything”. 		
<p>3. Merger Update – Rob Robinson</p>	<p>Rob Robinson, CEO-Alliance Behavioral Healthcare had discussion and an update:</p> <p>Medicaid Reform:</p> <p>Discussion included:</p> <ul style="list-style-type: none"> Managed Care Capitation on Physical Health side State DHHS, New 1115 Waiver application submitted. Consists of Managed Care companies combining Mental Health and Physical Health services. CMS will review, negotiate and hopefully will approve. Mental Health services (Alliance) would be effective 4 years after the implementation of physical health services takes effect under the new waiver, currently it would be approximately 7-8 years. Alliance will explore the integrated care options, how will Alliance fit? We will continue to be the best MCO and continue to meet services and serve our consumers. 		

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	<p>Merger Consolidation: Discussion included:</p> <ul style="list-style-type: none"> • Secretary Brajer would like to have 4 LME/MCO's, currently there are 7. • Alliance has been aligned with Sand Hills. Currently, there has been no movement to a merger. <p>Questions & Answers:</p> <ul style="list-style-type: none"> • What requirements are needed to promote a merger? LME/MCO's performance measures being met. There are no issues, therefore not a push to merge. • Concerns for getting access to high priced services to people. • Provider Contracts will still be in place, may have to adjust to needs and gaps with providers and consumer needs. • Who would be the leader entity for the provider network, that decision has not been made. • Concerns of moving away from the smaller providers who provide great services to the community, a concern that the consumer will be left behind. <ul style="list-style-type: none"> • Challenges for small providers, so many regulations, paperwork requirements, utilization, and electronic health records. The costs to do business keeps increasing and small providers are finding it much harder to sustain. • Small providers can join together to become a large provider. • Wait List would not change for Waiver consumers. Resource Allocation would not change, only a possibility to add a lower Level of Need. <ul style="list-style-type: none"> • Slot Allocation. Alliance catchment area slots are allocated by population. Most of the MCO's have an equal amount of allocation slots. • Lobbying for re-allocation can be done at State CFAC. Resource Allocation issues/concerns can be brought to Intensive Review Committee. • Future of Alliance's model. Fund balances are and will continue to be reinvested back into services. 		

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	<ul style="list-style-type: none"> • CFAC join together and advocate at the 2016 NC Council Conference as a group appearance and/or petition to move forward to get back the \$30 Million State Funds for services. <ul style="list-style-type: none"> • Rob has offered to provide resources and assistance with documentation, ask legislators to set up meetings etc. 		
<p>4. Strategic Plan Update – Amanda Graham</p>	<p>Strategic Plan Update (PowerPoint Presentation) Amanda discussed an update to the current Strategic Plan: What is the Future of the LME/MCO?</p> <ul style="list-style-type: none"> • Vision is the same • Mission is the same • Four New Goals: <ul style="list-style-type: none"> Performance Objectives <ul style="list-style-type: none"> • Internal Business Processes and Operations • Information Driven & Technology (Data Driven) • Financially Sound (Reinvestment Plan) • Recruit and Retain Talented/Diverse Workforce Future Objectives <ul style="list-style-type: none"> • Collaborative Partnerships (mergers) • Understand Medicaid Reform Policies • Strategic Marketing • Positioning Ourselves Health Outcomes Objectives <ul style="list-style-type: none"> • Improve Operations & Workflows • Using Data Analytics • Strengthen & Support the Provider Network Plan • Improve the total outcome Person Directed Health <ul style="list-style-type: none"> • Align Internal Policies and Procedures • Educating Members on Wellness • Ownership of Own Care thru Technology 		
<p>5. Local Business Plan – Doug Wright</p>	<p>Local Business Plan (PowerPoint Presentation/Handout) Doug presented a summary and accomplishments of the Local Business Plan from the past 3 years.</p>		

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	<ul style="list-style-type: none"> • State Required and Requires CFAC Involvement and Board Approval • Purpose of the Plan: To involve consumers, families and other stakeholders, Utilize Needs and Gaps Analysis and Network Development Plan process <p>Items Discussed:</p> <ul style="list-style-type: none"> • 2013-2016 State Initiatives <ul style="list-style-type: none"> Transition to Community Living ACTT/Supported Employment Crisis Service Enhancement IDD Waitlist Closer to Home (reduction in PRTF Use) • 2013-2016 Local Initiatives: <ul style="list-style-type: none"> Complex Physical and Behavioral Health (CCNC PROACT) Community Care of North Carolina, Preventable Readmissions Option and Care Transition Open Access (Access to Care) Jail Initiatives (diversion and post-linkage) <p>Doug presented the new Local Business Plan for the next 3 years.</p> <p>Items Discussed:</p> <ul style="list-style-type: none"> • 2016-2019 New State Initiatives: <ul style="list-style-type: none"> Resilient Child and Family Opioid and Prescription Drug Abuse Integrated Care Crisis Solutions Initiative Recovery is Possible • 2016-2019 New Local Initiatives: <ul style="list-style-type: none"> Expand Access to Facility Bases Crisis Services Technology-Assisted Homes Implement EBP's in Therapeutic Foster Care Crisis Respite Facility for IDD 		

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	The CFAC acknowledged the culmination of the work of developing a business plan, work that has happened through ongoing dialogue, needs and gaps analyses, and budget discussion and input.		
6. Sub-Committee Updates:	No Discussion on Sub-Committees due to time Constraints. Previous Sub-Committee minutes are attached to the agenda packet for reference.		
7. State Updates:	C.J. provided an update: <ul style="list-style-type: none"> • State CFAC meeting on October 12, 2016 will start at 8:30 a.m. 		
8. Announcements:	<ul style="list-style-type: none"> • Dave Curro would like the following Agenda Item on the next Wake CFAC and Alliance CFAC Meeting agendas: Discuss and Plan a Legislature Lobbying Event • Anna Cunningham from Power of the Dream shared with the group: Anyone who may be interested in a couple of Employment Pilots for individuals with Autism and/or IDD in the Triangle area, there was information left with Doug Wright. 		
9. Wrap Up & Adjourn:	Adjourned at 7:30 p.m.		