



Provider Webinar

Beth Lackey, Provider Network Director

September 9, 2020

Agenda

Provider Council Update

ASAM State-wide Training

HCBS Validation Look-Behind

COVID-19 Flexibilities

Multisystemic Therapy (MST)

Reducing Risk of Over Payments

CFAC Annual Report

Psychiatric Advanced Directive Training



Provider Council Update

Partners' Provider Council:

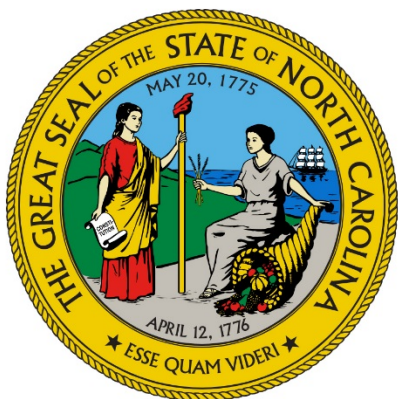
The September Provider Council meeting will be held via Zoom on Sept. 25, 2020 beginning at 9:30 a.m. [Click here to register.](#)

Partners' Provider Council to Expand Voting Membership

Partners' Provider Council is currently preparing to expand its membership and asked for input into this in August. Current voting members will remain on the charter. It is expected that the council will vote on expanding membership positions and all charter updates in October 2020.

All agencies are welcome to attend and participate in council meetings regardless of their voting membership status. Council meetings take place on the fourth Friday of the month at 9:30 a.m., with no meetings in July and December. Due to COVID-19, meetings will be held remotely until further notice. Meeting links will be posted on Partners' website and in Communication Bulletins.





NC Department of Health and Human Services
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Addictions and Management Operations

ASAM Criteria Training Opportunities

SUD Point of Contact Call

August 4, 2020



PARTNERS
Improving Lives. Strengthening Communities.

ASAM Criteria Training

1115 SUD Demonstration Waiver Implementation Plan:

All direct enrolled licensed professionals providing CCAs, DAs and evaluations must have the knowledge, skills and ability to make an ASAM level of care determination for individuals with a substance use disorder diagnosis.



ASAM Criteria Training

The Division of Health Benefits, NC Medicaid and the Division of MH/DD/SAS sponsoring:

- ❑ Two-day Live, Online ASAM Criteria Skill Building Training

OR

- ❑ ASAM Criteria eTraining



Audience

These training opportunities are open only to behavioral health clinicians in North Carolina (LP, LPA, LCSW, LCSW-A, LCMHC, LCMHC-A, LCAS, LCAS-A, CCS, LMFT, LMFT-A, PA, NP, MD) who are contracted with an LME/MCO or a Standard Plan to provide Comprehensive Clinical Assessments, Diagnostic Assessments, and other evaluations.

Approximately 5,000 licensed professionals statewide



Two Day, Live Online ASAM Skill Building Training

Train for Change, Inc®, in collaboration with UNC School of Social Work—Behavioral Health Springboard (BHS) and Northwest AHEC, will facilitate this live online 2-day, application-focused training that provides participants with an in-depth look at the theoretical foundations of the Criteria, including clinically driven services, biopsychosocial assessment, the six dimensions, continued stay and transfer/ discharge criteria.

- ▶ Registration Fee: \$90 includes 13 contact hours and time-limited use of an electronic version of The ASAM Criteria manual (3rd Edition)
- ▶ Opportunity to obtain a hard copy of The ASAM Criteria manual for the cost of shipping (\$15.50 per manual)



The ASAM eLearning Training

The Division of Health Benefits NC Medicaid and DMH/DD/SAS have partnered with The Change Companies® for the purchase of extended-access licenses for practitioners to access three modules of eTraining covering *The ASAM Criteria*.

- ❑ ASAM Module 1 – Multidimensional Assessment (5.0 CEUs)
- ❑ ASAM Module 2 – From Assessment to Service Planning and Level of Care (5.0 CEUs)
- ❑ ASAM Module 3 – Introduction to The ASAM Criteria (2.0 CEUs)

Registration: \$75 12 continuing education credit hours provided through The Change Companies®, and access to the modules through June 30, 2021.



REGISTRATION IS NOW OPEN

Live dates go through June 2021

Limited slots for each live class

Please visit

<https://bhs.unc.edu/asam/dashboard>

**for more information including continuing
education credit options, training dates
and registration.**





NC DHHS HCBS Validation Look-Behind

Doug Gallion, M.S., Associate IDD Clinical Services Director

Where NC is currently with their HCBS Look-Behind Process

- ▶ 363 total sites
- ▶ 1st and 2nd quarter: 48 look behind reviews completed
 - 16 reviewed as full integration-fully compliant
 - 32 reviewed as not fully compliant
- ▶ 3rd quarter: 90 sites total
- ▶ 4th quarter: moving forward following 4th quarter validation report submissions



NC HCBS Trends Identified

Trends Identified During Look-Behinds

- ▶ Restrictions
- ▶ Residency Agreement
- ▶ Visitation Hours
- ▶ Member-specific responses
- ▶ Subjective language
- ▶ Individual and Supported Decision Making
- ▶ Copy/Paste Previous Responses
- ▶ LME-MCO/CAP-DA Follow-Up and Remediation



Restrictions

- Ensures the rights of privacy, dignity and respect, and freedom from coercion and restraint.
 - For any restrictions imposed on the person, is there a plan for restoring the right/fading the restriction?
- Response Trend:
 - Not addressing the sub-question(s)
 - “XYZ Provider does not perform rights restrictions”



Residency Agreements

The unit or dwelling can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services and the individual has the same responsibilities and protections from eviction that tenants have under landlord/tenant law. For settings in which landlord tenant laws do not apply, there must be a lease, residency agreement or other form of written agreement in place for each HCBS participant. The document must provide protections that address eviction processes and appeals comparable to those provided under landlord/tenant law.

- Do people have the same responsibilities that other tenants have under landlord laws?
- Are people provided the same protections from eviction that other tenants have under landlord/tenant laws?



Visitation Hours

Individuals are free to have visitors of their choosing at any time.

- Are people supported in having visitors of their own choosing and to visit others frequently?
- Are people satisfied with the amount of contact they have with their friends?

Response Trend: “Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m. However, visiting shall not take precedence over school or treatment services/therapy.”



Member-Specific Responses

Member Specific

“She is able to identify how she wants to decorate her room. She has the opportunity to decorate in the living areas and give input regarding decorating shared spaces.”

VS.

Site-Specific

“The AFL site provides décor at the discretion of the individual. The site uses X provider’s Rights and Privacy policy to encourage and allow individuals freedom of expression in reference to décor in their own bedroom and shared spaces.”



Member-Specific Responses Continued

Member Specific

“The consumer works in the community daily. He is active within the community and attends a day program Monday-Friday. The consumer receives a paycheck that he uses to purchase things he wants. The consumer has people that he visits regularly and that come to visit him at his home.”

VS.

Site-Specific

“The site has the ability to provide transportation to and from activities in the community. The site has the ability to assist the consumer to engage in activities that offer opportunities for interaction with unpaid supports in surrounding areas. The site is located in an integrated community/setting that allows the members opportunities to explore and participate in multiple faith-based activities and seek meaningful employment.”



Subjective Language

Appropriate

- “Individuals can have visitors of their choosing, if appropriate”

Reasonable

- “Individuals can have visitors at reasonable times”

Within reason

- “Individuals are able to decorate their bedroom, within reason”

Normal

- “Individuals are able to have visitors at normal times” OR
“outside of normal sleeping hours”



Individual and Supported Decision Making

- Consent was and is required prior to receiving services through X provider. All behavior plans that are in place are approved by the guardian. Also, for behavior plans that are in place with rights restrictions, the plan is reviewed by the Human Rights Committee for appropriateness.
- All medical and behavioral interventions are explained and reviewed with individuals and guardians prior to implementation. If individual refuses the intervention, the medical or psychological professional and guardian is notified of refusal. The individual is allowed to refuse, and it is explained to the individual the potential consequences of refusal.



Copying and Pasting Previous Responses

Stop it, quit doing it, needs to be site-specific and provider specific to show compliance!



LME-MCO/CAP-DA Follow-Up and Remediation

- LME/MCOs are responsible to hold providers accountable/provide technical assistance
- Provider's responsibility to show HCBS compliance



Questions?

Dgallion@partnersbhm.org

Thank you for your assistance in this
important matter!





COVID-19 Flexibilities

Utilization Management

COVID-19 FLEXIBILITIES

The following services will be reviewed for medical necessity with the initial SAR submission. Concurrent submissions will be Administratively Approved and the provider will be responsible for evaluating for continued medical necessity.

- ▶ Family Centered Treatment (FCT)
- ▶ High Fidelity Wrap Around (HFW)
- ▶ Young Adults in Transition (YAIT)
- ▶ Outpatient Plus (OP-Plus)





Multi-Systemic Therapy

MST 2033

MULTISYSTEMIC THERAPY DESCRIPTION

- A team working with youth and families to address behavioral, legal, violent, social, or substance use issues.
- Design a treatment plan in coordination with schools, public safety, family, and other community stakeholders.
- Includes crisis response, assessments, individual and family therapy, and peer support.
- Designed to keep the youth, ages 7 – 18, living at home.



MST Entrance Criteria

- There is an MH/SU diagnosis present as indicated by the DSM 5 other than a sole diagnosis of intellectual and developmental disability.
- The member should be between the ages of 7 through 18.
- The member displays willful behavioral misconduct (e.g., theft, property destruction, assault, truancy or substance use or abuse or juvenile sex offense), when in conjunction with other adjudicated delinquent behaviors



MST Entrance Criteria continued

- The member is at imminent risk of out-of-home placement or is currently in out-of-home placement due to delinquency and reunification is imminent within 30 days of referral.
- The member has a caregiver that is willing to assume long term parenting role and is willing to participate with service providers for the duration of the treatment.
- Adolescents 18 years old (up to age 19) under the jurisdiction of the Department of Juvenile Justice who meet MST inclusionary and exclusionary criteria whose caregiver(s) have legal responsibility for the youth, by law or by court mandates, may receive MST.



MST Documentation Requirements

Pass through for initial 30 days – Notification SAR required

Initial: Documents required on file: CCA recommending MST, PCP with MST identified goals, PCP Signature Page, Comprehensive Crisis Plan, Service Order

Concurrent request: Submit all required documents with updated PCP

Update PCP required with each concurrent SAR submission.

1 unit per month



Expected Outcomes:

- ▶ reductions in long-term rates of criminal offending in serious juvenile offenders;
- ▶ reductions in rates of out-of-home placements for serious juvenile offenders;
- ▶ significant improvements in family functioning;
- ▶ decreased mental health problems for serious juvenile offenders; and
- ▶ cost-savings in comparison with usual mental health and juvenile justice services.



Referrals for MST service:

- Youth Villages
 - Asheville, Charlotte, Durham, Greensboro, Watagua
- Easter Seals USP
 - Jason Radovich or Kevin Head (704) 871-0934
 - Iredell, Yadkin, Surry, Stokes, Forsyth, Alexander Counties.
- ProCure
 - ChaChi Sullivan or Trenita Crouch (704) 910-1122
- Alexander Youth Network
 - Intake Dept: 855-362-8470
 - Mecklenburg, Union, Cabarrus, Gaston, Lincoln, Cleveland, Burke, Catawba, and Iredell Counties.
 - Both Medicaid and Health Choice Insurance are accepted





Reducing the Risk of Overpayments: General Documentation Requirements for NC Innovations Waiver Services

**Joy Chesnut, MHA, CLEAR Certified
Program Integrity Investigator**

Objectives of this training...

To enhance compliance and help providers reduce the risk of receiving an overpayment.

Objectives

- ▶ Where do I find the service documentation requirements for services provided through the NC Innovations Waiver?
- ▶ What are the General Documentation Requirements for services provided through the NC Innovations Waiver?

This presentation is a summary of the requirements outlined in CCP 8-P, and APSM 45-2. Those sources are superior to any criteria outlined in this presentation.



Laws, Rules, Regulations, Policies...

- ▶ State Plan
- ▶ North Carolina General Statutes
- ▶ North Carolina Administrative Code
- ▶ Clinical Coverage Policies
- ▶ Service Definitions
- ▶ Records Management and Documentation Manual



NC State Plan, General Statutes, Administrative Code

- ▶ NC State Plan: Title XIX of the Social Security Act requires that North Carolina provide a plan to administer and manage the North Carolina Medicaid Program.
 - <https://medicaid.ncdhhs.gov/notices/medicaid-state-plan-public-notices>
- ▶ NC General Statutes: Chapter 122C-Mental Health, Developmental Disabilities and Substance Abuse Act of 1985.
 - <https://www.ncleg.gov/Laws/GeneralStatuteSections/Chapter122C>
- ▶ NC Administrative Code: Title 10A, Chapters 26, 27, 28 & 29
 - <https://www.ncdhhs.gov/divisions/mhddsas/commission/ncadministrativecode>



NC DHB Clinical Coverage Policies

- ▶ NC Medicaid and Health Choice Clinical Coverage Policies for Behavioral Health
 - <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies>



Clinical Coverage Policies

- ▶ 8A, Enhanced Mental Health and Substance Abuse Services
- ▶ 8A-1, Assertive Community Treatment (ACT) Program
- ▶ 8A-2, Facility-Based Crisis Service for Children and Adolescents
- ▶ 8A-6, Community Support Team (CST)
- ▶ 8B, Inpatient Behavioral Health Services
- ▶ 8C, Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
- ▶ 8D-1, Psychiatric Residential Treatment Facilities for Children under the Age of 21
- ▶ 8D-2, Residential Treatment Services
- ▶ 8E, Intermediate Care Facilities for Individuals with Intellectual Disabilities
- ▶ 8F, Research-Based Behavioral Health Treatment (RB-BHT) for Autism Spectrum Disorder (ASD)
- ▶ 8G, Peer Support Services (PSS)
- ▶ 8-I, Psychological Services in Health Departments and School-Based Health Centers Sponsored by Health Departments to the under-21 Population
- ▶ 8J, Children's Developmental Service Agencies (CDSAs)
- ▶ 8L, Mental Health/Substance Abuse Targeted Case Management
- ▶ 8N, NC Health Choice – Intellectual and Developmental Disabilities Targeted Case Management
- ▶ 8-O, Services for Individuals with Intellectual and Developmental Disabilities and Mental Health or Substance Abuse Co-Occurring Disorders
- ▶ **8-P, North Carolina Innovations**



Service Definitions (DMHDDSAS)

► State Funded Services

- <https://www.ncdhhs.gov/divisions/mhddsas/servicedefinitions>
- Enhanced Mental Health and Substance Abuse Services, Dec. 15, 2019
- Assertive Community Treatment (ACT), Dec. 15, 2019
- Facility-Based Crisis Service for Children and Adolescents, Dec. 15, 2019
- Community Support Team (CST), Dec. 15, 2019
- Peer Support Services (PSS), Dec. 15, 2019
- Inpatient Behavioral Health Services, Dec. 15, 2019
- Individual Placement & Support (IPS) for AMH/ASA, Dec. 15, 2019
- Transition Management Services (TMS), Dec. 15, 2019
- Critical Time Intervention, Dec. 15, 2019
- Developmental Therapy Service, Dec. 15, 2019

Enter your search terms here Q SEARCH

Provider Alert: Provider Manual, Revised Manual SAR Form, CST Benefit Limits
Provider Bulletin: Provider Communication Bulletin #99

Provider News (7)

- Provider Webinars & Forums
- Orientation Packet and Provider Operations Manual
- Bulletins, Alerts, and Training
- Request for Services
- Continuously Recruited Services
- Community Behavioral Health Needs Analysis
- Provider Council

Provider Tools (7)

- Provider Credentialing and Enrollment
- AlphaMCS, ZixMail and Billing Set Up
- Cultural Competency
- Provider Monitoring
- Provider Contracting
- Provider Disputes
- ACORN

Access to Care and Utilization Management (8)

- Access to Care, Member Eligibility and Enrollment
- Utilization Management
- Hospitals Working with Partners
- Referrals to Specialty Treatment
- Service Authorization Requests
- Clinical Criteria Check Sheets

Care Coordination (8)

- Mental Health and Substance Use Disorders
- Transitions to Community Living Initiative
- Intellectual and Developmental Disabilities
- Registry of Unmet Needs
- NC Innovations
- Relative as Direct Support Employee

Finance, Claims and Billing (3)

- Finance Documents and Forms
- Claims and Rates Information
- E-Verify

Clinical Tools (7)

- Whole Person Integrated Care
- Benefit Grids
- Service Definitions
- CANS Training
- Clinical Practice Guidelines
- EPSDT
- Evidence-Based Practices

Quality Management and Corporate Compliance (7)

- Quality Management and Global CQI
- NC-TOPPS
- Incident Reporting
- Regulatory Compliance
- Health Information Management
- Program Integrity
- Applicable Laws and Regulations for Regulatory Compliance

Additional Resources (7)

- Licensed Independent Practitioner Collaborative
- IVC Designated Facilities
- Consumer Relations, CFAC
- File a Concern or Grievance
- System of Care and Family Partners
- Housing Resources
- Transportation Resources



PARTNERS Provider Knowledge Base

▶ <https://providers.partnersbhm.org/>



Clinical Tools (7)

- Whole Person Integrated Care
- Benefit Grids
- Service Definitions
- CANS Training
- Clinical Practice Guidelines
- EPSDT
- Evidence-Based Practices

Quick Nav

- > Subscribe to Provider Communication
- > AlphaMCS Provider Portal
- > Find Your Provider Specialist
- > Provider Operations Manual
- > Provider Search Tool
- > Value, Innovation & Performance
- > Whole Person Integrated Care Model
- > Partners NC Systems of Care Expansion
- > Communication Bulletins Archive
- > Alerts Archive

Communication Bulletins

Provider Bulletin #99
November 21, 2019 2:03 am

Provider Bulletin #98
October 16, 2019 2:06 pm

Provider Bulletin #97
September 18, 2019 3:35 pm
[View All](#)

Provider Alerts

Provider Operations Manual, Revised Manual SAR Form, CST Benefit Limits

Additional information regarding Nov. 5, 2019 Provider Alert: Changes to Medicaid Funded Peer Support

Provider Webinar Rescheduled, Peer Support Changes, Date Range Calculator, New Provider Search
[View All](#)

Accreditation



Connect With Us



Records Management and Documentation Manual (APSM 45-2)

- ▶ The minimum service documentation requirements for services provided through the NC Innovations Waiver are contained CCP 8-P and the *DMH/DD/SAS Records Management and Documentation Manual 45-2*.
- ▶ Information concerning documentation of all Medicaid or State funded services not contained in the NC Innovations Waiver can also be found in the *Records Management and Documentation Manual* <https://Medicaid.ncdhhs.gov/>

General Documentation Requirements

CCP 8-P states the following...

- ▶ All Medicaid providers shall document services prior to seeking Medicaid payment.
- ▶ Providers shall document to reflect attempts to ascertain why a beneficiary is not participating in a service or support in accordance with the established schedule or plan.



Service Notes

For Service Note requirements, refer to the *Records Management and Documentation Manual* (chapter 8 & 9.)

CCP 8-P states the following...

- ▶ The following NC Innovation services require a full-service note, which includes Items 1 through 13, under Contents of a Service Note, Chapter 8 of the *Records Management and Documentation Manual*;
 - a. Crisis Services (including information as indicated in the beneficiary's intervention plan);
 - b. Community Navigator;
 - c. Individual Directed Goods and Services (required for service component);
 - d. Natural Supports Education; and
 - e. Specialized Consultative Services.



Service Grid

For service grid requirements, refer to the *Records Management and Documentation Manual* (chapter 8 & 9).

A service grid must have all elements 1 through 10, under Required Elements of a Service Grid, Chapter 8 of the Record Management and Documentation Manual. A service grid must be completed daily or per activity to reflect the service provided and may only be used for the following services:

- a. Community Networking
- b. Day Supports (Services provided to children through Developmental Day Services- Typically Developing children, shall meet the requirements through the NC Division of Child Development's Child Care requirements, subchapter 3U- Child Day care Rules)
- c. In-Home Intensive Supports (until the end of the current authorization period– no new authorizations will be issued after 11/1/16)



Service Grid

- d. In-Home Skill Building until the end of the current authorization period – no new authorizations will be issued after 11/1/16)
- e. Community Living and Support
- f. Supported Living
- g. Personal Care services until the end of the current authorization period – no new authorizations will be issued after 11/1/16)
- h. Residential Supports
- i. Respite Care
- j. Supported Employment



Signatures

- ▶ All entries in the service record must be signed with a full signature. A full signature must document the credentials, degree or licensure for professional staff or the position of the individual who provided the service for paraprofessional staff. Refer to the *Records Management and Documentation Manual 45-2* (Chapter 9) for signature requirements.



Frequency of Service Documentation

- ▶ All NC Innovations services require a daily or per activity service note or grid.
- ▶ The person who provided the service shall write and sign the service note or grid.
- ▶ The service note or grid to reflect services provided must be documented on the day that the service was provided or no later than the next workday.
- ▶ If a service note or grid is not documented on the day the service was provided, it is considered a “late entry.” Late entries are defined as those which are entered after the required time for documentation has expired.



Frequency of Service Documentation

- ▶ The entry must be noted as a “late entry” and at a minimum the date the documentation was made and the date for which the documentation should have been documented.
- ▶ For example, “Late Entry made on 2/15/12 for 2/14/12.” The late entry must include a dated signature.
- ▶ Service notes must be made at the frequency necessary to indicate significant changes in the beneficiary’s status, needs or changes in the ISP.



Short-Range Goals, Task Analysis/Strategies

Service providers, Agencies With Choice, and Employers of Record are required to:

- a. develop and implement short-range goals;
- b. develop and implement task analysis/strategies;
- c. ensure short-range goals and task analysis or strategies are in place prior to plan implementation; and
- d. ensure short-range goals and task analysis or strategies are signed by the beneficiary or legal guardian.



Individual/Family Directed Services Documentation

- ▶ Beneficiaries or their legal guardians who elect to direct their own services are required to have the individual workers document services following specific service definition referenced criteria.
- ▶ For a beneficiary who elects the Employer of Record Model, the documentation is stored in the beneficiary's or family's home. If the beneficiary or their family decide to stop self- directing services under the Employer of Record Model, all documentation is returned to the PIHP. For a beneficiary electing the Agency With Choice Model, the documentation is stored as directed by the Agency With Choice.
- ▶ The Quality Management Department at the PIHP conducts annual reviews of service documentation. For additional information regarding documentation for beneficiary or family directed services, refer to the PIHP Employer Handbook.



Plan of Care (Individual Support Plan)

- ▶ The ISP is developed face-to-face with the beneficiary and legally responsible person as clinically indicated.
- ▶ The ISP is updated annually; however, if the beneficiary's provider changes or needs change and requires services to be added, increased, decreased or terminated, a revision to the plan is completed and submitted to utilization management for approval.
- ▶ The ISP describes the services and supports (regardless of funding source) to be furnished, their projected frequency, and type of provider who furnishes each service or support.
- ▶ All initial/annual/plan updates require an authorized signature(s) and are signed by the providers who are providing services per the ISP.



Plan of Care (Individual Support Plan)

- ▶ The ISP is updated/revised by adding a new demographic page and/or using the update to ISP.
- ▶ When the update to the ISP involves a change in the budget, the individual budget page is also updated.
- ▶ Updates or revisions consist of adding an outcome, addressing needs related to the back-up staffing plan and adding new information when the beneficiary's needs change.



Conclusion

It is the provider's responsibility to stay abreast of the requirements for delivering the medical services they are credentialed and contracted to deliver in the Partners' Provider Network.



Contact Information

How to Report Fraud or Abuse

Help us fight health care fraud and abuse. Reporting Medicaid fraud or financial abuse will not interfere with an enrollee's access to health care. If you suspect billing for a service, a conflict of interest, a violation of Medicaid or Medicare rules, or conduct violation might be illegal, please report your concerns to:

- Partners Regulatory Compliance Alert Line at 1-866-806-8777 or
- Partners Online Alert Line at <https://partnersbhm.alertline.com>

You do not have to provide your name or contact information. However, we can often conduct a more effective investigation if you let us contact you. Your name will not be shared with anyone investigated.

Note: In rare cases involving legal proceedings, your identity may have to be revealed.

Joy Chestnut, MHA, CLEAR Certified
704-884-2520

jchestnut@partnersbhm.org





Consumer Family Advisory Committee Annual Report

Shirley Moore, Member Engagement

CFAC

The Voice Of Our Members

Partners' Consumer and Family Advisory Committee (CFAC) includes people who receive mental health, substance use and intellectual/ developmental disability services, as well as their relatives or guardians



CFAC

The Voice Of Our Members

- ▶ CFAC has representatives from each county and disability.
- ▶ CFAC is self-governing and operates under its own bylaws.
- ▶ A Relational Agreement exists between Partners and CFAC.
- ▶ Three CFAC members serve on Partners' Board of Directors.



Under state law, the CFAC has the following responsibilities:

- ▶ Review, comment on and monitor implementation of the local business plan.
- ▶ Identify service gaps and underserved populations and make recommendations about needed services.
- ▶ Review and comment on our annual budget.
- ▶ Participate in our quality improvement activities
- ▶ Submit recommendations to the state CFAC about ways to improve service delivery.



CFAC Goals

- ▶ Members are affiliated with multiple advocacy stakeholders in their communities to advance member needs within organization planning and service delivery.
- ▶ Partners' CFAC helps ensure that people receiving services are involved in our oversight, planning and operational committees.
- ▶ Partners' CFAC members support the development of appropriate service capacity and effective use of resources to meet the needs of members and families.



Accomplishments

- ▶ Welcomed two new members from Rutherford County
- ▶ We had 10 meetings during fiscal year 2019-20
- ▶ Members sit on Partners' internal and affiliated committees: * Partners Board of Directors * Quality Improvement (QIC) * Clinical Advisory (CAC) * Network Development Cross Function Team (NDCFT) * Global Continuous Quality Improvement (GCQI) * I/DD Stakeholder * Human Rights



Activities

- ▶ Committee members participated in seven face-to-face conferences prior to COVID-19 and have since attended 15 webinars.
- ▶ Three members hosted or facilitated trainings and webinars through affiliations with NAMI South Mountain, NAMI Iredell and the Autism Society.
- ▶ One member facilitated trainings for Whole Health Action Management (WHAM); Self-Management and Recovery Group Training (SMART); Feel, Deal and Heal Member and Family Classes and Wellness 101 Member and Family Classes.



Community Events

- ▶ Members challenged themselves to increase member recruitment efforts by participating in community fairs, reaching out to providers, participating in county collaboratives and community affiliates.
- ▶ Members hosted two community events in 2019:
 - ▶ Stronger Together meet and greet event in Rutherfordton in April 2019.
 - ▶ NAMI Resource Fair in Partners' Auditorium in August 2019.



Identified Opportunities

- ▶ Establishing member representation for all counties and disciplines.
- ▶ Member participation in the development of the local business plan.
- ▶ Member participation in the development of the annual budget.
- ▶ The increasing number of individuals in need of mental health and substance use disorder services, particularly for youth and incarcerated communities.



Identified Opportunities

- ▶ Medicaid Transformation
- ▶ The impact of COVID-19 on funding, i.e., IPRS and single stream funding, and member services at the end of the pandemic
- ▶ The increasing number of individuals in need of Innovation Waiver Services, given high numbers of people on the Registry of Unmet Needs (RUN)



Strategic Goals for FY21

- ▶ CFAC will fill vacancies on the CFAC Committee from 78% to 85% by June 2021.
- ▶ CFAC will sponsor at least one partnership event and a special event, which could also be a partnership event, with the Traumatic Brain Injury (TBI) support groups in Hickory and Gastonia by June 2021, either virtually or in person.
- ▶ CFAC will have a representative at each of the nine collaboratives in the nine counties by June 2021.



Strategic Goals for FY21

- ▶ CFAC will organize committees, i.e., Executive Committee, Strategic Planning Committee and Special Events Committee, utilizing all members and arranging for a minimum of three meetings within regular meeting times to accomplish their goals by June 2021.
- ▶ For each meeting, 90% of CFAC members will complete Our Voice, a tool for members to share individualized ideas, needs, celebrations and concerns.



CFAC Membership

- ▶ CFAC membership is currently down to 19
- ▶ CFAC vacancies:
 - Catawba County - Substance Use Disorder
 - Cleveland County - Mental Health
 - Lincoln County - Substance Use Disorder
 - Rutherford County – Intellectual/Developmental Disabilities
 - Surry County – Mental Health, Substance Use Disorder and Intellectual/Developmental Disabilities
 - Yadkin County - Mental Health



Please Help Us Recruit

- ▶ Call Shirley Moore, CFAC Liaison at 704-884-2646 or email smoore@partnersbhm.org.
- ▶ Call our Member Engagement Department line at 704-884-2666.

Thank you!



PAD: Psychiatric Advanced Directive Training for members and providers

PAD training with a certified trainer

Trainings will be held via ZOOM

- Second Monday of each month, Noon – 1:30p,
- Fourth Monday of each month, 6:00 p.m. – 7:30 p.m.

Register for each event separately on the PTA calendar

<https://www.partnersbhm.org/events/pad-training/>

NAMI South Mountains, NC



NAME OF TRAINING	DATE	TIME	LOCATION or VIRTUAL PLATFORM	INSTRUCTOR	Sponsors
PAD	June 8	12:00 pm-1:30 pm	Zoom	Diane Krisanda	Partners/NAMI South Mountain
PAD	June 22	6:00 pm-7:30 pm	Zoom	Diane Krisanda	Partners/NAMI South Mountain
PAD	August 10	12:00 pm-1:30 pm	Zoom	Diane Krisanda	Partners/NAMI South Mountain
PAD	August 24	6:00 pm-7:30 pm	Zoom	Diane Krisanda	Partners/NAMI South Mountain
PAD	September 14	12:00 pm-1:30 pm	TBD	Diane Krisanda	Partners/NAMI South Mountain
PAD	September 28	6:00 pm-7:30 pm	TBD	Diane Krisanda	Partners/NAMI South Mountain
PAD	October 12	12:00 pm-1:30 pm	TBD	Diane Krisanda	Partners/NAMI South Mountain
PAD	October 26	6:00 pm-7:30 pm	TBD	Diane Krisanda	Partners/NAMI South Mountain
PAD	November 9	12:00 pm-1:30 pm	TBD	Diane Krisanda	Partners/NAMI South Mountain
PAD	November 23	6:00 pm-7:30 pm	TBD	Diane Krisanda	Partners/NAMI South Mountain
PAD	December 14	12:00 pm-1:30 pm	TBD	Diane Krisanda	Partners/NAMI South Mountain

Thank You!

