

Consumer and Family Advisory Council (CFAC) Minutes

Meeting Location and Attendance

- The meeting was held on February 5, 2015 at 6:00pm at the North Texas Behavioral Health Authority, 1201 Richardson Dr., Suite 270, Richardson, TX 75080. There were 27 people in attendance and it was co-chaired by Mary Ann Niles and Jeanine Hayes.

Welcome and Introductions

- Ms. Niles welcomed all attendees, mentioned the purpose of CFAC, invited newcomers to return and participate in future discussions regarding system redesign. She and Ms. Hayes spoke briefly about their experience as a family member and a consumer.

New Business

- Janie Metzinger gave a presentation about the eligibility of Medicaid, CHIP, and NorthSTAR enrollments.
- Ron Stretcher (on behalf of the Dallas BHLT) discussed the Sunset Commissions recommendation to redesign a behavioral healthcare system in the NorthSTAR area. Key points:
 - Dallas, Ellis, and Navarro Counties will partner to form a new service delivery area. Collin County is devising its own plan. Hunt, Rockwall, and Kaufman Counties are still deciding what they want to do. Representing the Dallas BHLT, Mr. Stretcher, the rest of the meeting focused on development of the Dallas, Ellis, Navarro Counties plan.
 - Medicaid enrollees will be served through the MCO plans they are associated with for physical healthcare.
 - Indigent enrollees will be served under the new local plan:
 - Keep as many beneficial elements of NorthSTAR as possible – no waitlist, choice of provider, NTBHA as the LMHA, etc.
 - ValueOptions has served as the at-risk insurance company and has managed the service dollars through billing and claims payments, authorizations, utilization management, maintaining provider contracts, etc. A company such as VO will have to be hired to act as an ASO (paid a fee to manage these aspects of the system) at least until NTBHA can be staffed for such transition.
 - Providers for the indigent plan will also have to become credentialed in the Medicaid MCO plans.
 - Much coordination must be done between the new behavioral healthcare system and the MCOs to ensure alignment and continuity of services.
 - The State has promised to tell NTBHA how to be eligible to draw down federal funds. Or Dallas County may have to provide that functionality for the system.
 - NorthSTAR SPN providers who wish to continue in the new system must become credentialed with the Medicaid MCOs in order to provide services to both types of consumers. This will allow who shift between Medicaid and indigent enrollments to maintain the same provider.
 - The initial system redesign plan must be submitted to the State by March 3rd with a more detailed plan due by October 1st.

- Ideally, some believe it would be best to retain the NorthSTAR system with all of its benefits, but integrate physical healthcare.
- Concerns:
 - Loss of braided funding with Medicaid may result in reduced services and a waitlist for indigent consumers - a \$10,000,000 funding gap.
 - This type of system design is especially challenging in Texas since the state chose not to expand Medicaid which would have covered a larger population at higher income and qualification limits so that there is less possibility of folks transitioning back and forth between the indigent and Medicaid programs.
 - The ACA challenge is that it still costs money (co-pays and premiums) that are difficult for NorthSTAR consumers to pay. Therefore, many who are otherwise eligible are remaining uninsured.
 - Medicaid consumers must be served. Therefore, if a clinic reaches capacity, new Medicaid enrollees will get priority over indigent consumers on a waitlist, regardless of medical necessity.
 - One Medicare consumer expressed concern about losing her QMB Medicaid benefit that pays for meds that Medicare does not.
 - Clinical needs should determine the services given, not whether someone has Medicaid or is indigent.
 - Medicaid does not provide all the services that NorthSTAR does such as certain levels of case management and housing, so even Medicaid consumers could lose benefits.
 - Currently, the MCOs are not very familiar with NorthSTAR, so coordination to ensure alignment may be difficult and time consuming.
 - Credentialing with Medicaid MCOs may be a time consuming, costly and difficult for some providers. The Sunset recommendation is that they be given 3 years to complete the process. The counties involved may have to step in to aid providers in the process if it becomes too difficult.
 - New providers will not be allowed into the network until they have completed the lengthy credentialing process with Medicaid MCOs.
 - It is unknown what will happen to individual (non-SPN) providers.
 - Without each SPN provider credentialed to serve both populations, consumers transitioning between Medicaid and the indigent program would involve switching providers.
 - The competitive choice of providers will shrink.
 - Consumers who currently live in Dallas, Ellis or Navarro Counties but receive services at a SPN in another NorthSTAR county will have to change providers.

Announcements

- Ms. Niles announced that Capitol Day for the mental health rally in Austin will be February 19th. Anyone interested in attending should register online with both NAMI Texas (for admission to the rally) and with NAMI Dallas (for transportation).