



**TASK FORCE ON THE MENTAL HEALTH, SOCIAL, AND EMOTIONAL NEEDS
OF YOUNG CHILDREN AND THEIR FAMILIES
Thursday, April 12, 2012
North Carolina Institute of Medicine, Morrisville
10:00 am – 3:00 pm
Meeting Summary**

Attendees

Members: Marian Earls (co-chair), Beth Melcher (co-chair), John Thorp (co-chair), Patti Beardsley, Karen Appleyard Carmody, Deborah Cassidy, John Ellis, Catharine Goldsmith, Jill Hinton, Toby McCoy, Judy McKay, Robert Murphy, Laura Muse, William Purcell, Kevin Ryan, Marla Satterfield, William Smith

Steering Committee and NCIOM Staff: Melissa Johnson, Susan Robinson, Pam Silberman, Adele Spitz-Roth, Anne Williams, Berkeley Yorkery

Other Interested people: Gary Ander, Tara Larson

WELCOME

*Marian Earls, MD, FAAP
Medical Director
Guilford Child Health, Inc.*

*Beth Melcher, PhD
Assistant Secretary for Mental Health, Developmental Disabilities, and Substance Abuse
Services Development
North Carolina Department of Health and Human Services*

HEALTH AND HUMAN SERVICES JOINT OVERSIGHT COMMITTEE UPDATE

*Berkeley Yorkery, MPP
Project Director
North Carolina Institute of Medicine*

Ms. Yorkery gave an overview of early childhood mental health and the task force's preliminary recommendations to the committee on Tuesday, April 10, 2012.

DRAFT RECOMMENDATIONS

The Task Force reviewed and commented on the draft recommendations. After discussion, the present task force members voted on which recommendations will be designated as priority recommendations. Members not present will have the opportunity to vote via email.

In addition, the task force was asked to review the descriptions of current North Carolina Systems serving the mental health, social, and emotional needs of young children and their families and offer comments on additional programs to be included or the accuracy of the descriptions.

Drafts were emailed to all Task Force members.

HEALTH CARE REFORM FOR YOUNG CHILDREN

Tara Larson

Chief Clinical Operations Officer

Division of Medical Assistance

North Carolina Department of Health and Human Services

Ms. Larson summarized the changes in Medicaid and Health Choice due to health reform and their impact on behavioral health services for young children and women. She outlined the anticipated changes in consumption, the number of enrollees, and the corresponding changes in funding. In addition, Ms. Larson reviewed the mandatory and optional services that will be available for the existing and newly eligible populations. For example, for the newly eligible population, prescription drugs and habilitative services will be mandatory services. Ms. Larson noted that the new simplified enrollment system no longer requires individuals to go to their local DSS office to enroll in Medicaid; rather, the applications can be processed online via NC FAST at the provider office, for example. She also summarized North Carolina's movement forward with Health Homes. Community Care of North Carolina (CCNC) will be the health home model for NC.

Ms. Larson's presentation is available here: [Health Care Reform: Patient Protection and Affordable Care Act](#).

Selected Questions and Comments:

- Q: Can Medicaid pay for residential services for pregnant women? A: Medicaid does not pay for room and board. Programs can break down residential services into outpatient, or day treatment sessions that get covered by Medicaid, but cannot cover the residential piece itself.
- C: LME credential and billing processes for integrated pediatric practices are onerous and are causing practices to stop doing integrated care, which decreases access for children.