

Provider Forum  
Albemarle Mental Health  
December 7, 2009  
Edgewood Board Room  
1411 Parkview Drive  
Elizabeth City, NC 27909  
1:00 – 4:00 p.m.

1. Introductions/Welcome – Bland Baker
  
2. Scheduling Time Frames - Bland Baker
  - a. Be mindful of appointment timeframes required to respond in.
    1. Routine – within 14 days of call
    2. Urgent – within 48 hours
    3. Emergent – within 2 hours
    4. Discharge from hospital – within 5 days
  
  - b. Timeframes are being monitored to see if Providers are able to respond within the allotted time.
  
3. Residential Treatment Transition Update – Nancy Cleghorn
  - a. Level III and IV
    1. We started with 236 children and now down to 102.
    2. These children have been transitioned to appropriate services.
    3. System of Care Coordinators are going to Child and Family Team meetings.
      - a. These are done face to face if possible
      - b. Looking at whether they meet criteria for admission
    4. Have had about 30 new admissions.
    5. Started with 211 beds and now down to 207.
    6. Please inform LME in writing 30 days before closing so appropriate transition plan can be made.
    7. Any child with Medicaid qualifies for Early Periodic Screening Diagnosis and Treatment consideration.
    8. Please continue to schedule Child and Family Team as far ahead as possible.
    9. No child moves until there are appropriate services to support him/her.
    10. We are planning training in Pitt County for treating children who are sex offenders.
  
4. Community Support Transition Update – Nancy Cleghorn
  - a. You have a spreadsheet listing all consumers and your LME contact person for this process.
  - b. The spreadsheet should be sent back to LME twice per month.
  - c. Carbon copy Debbie Lambert when the spreadsheet is sent.
  - d. Discharge date should not be the projected date but actual discharge date.

5. Child and Family Teams – Nancy Cleghorn
  - a. Child and Family Teams are the cornerstone of System of Care.
  - b. By having Child and Family Teams it helps the family build networks to have once you are gone.
  - c. ECBH hopes to offer Child and Family Team Training before the end of the fiscal year.
  - d. Overview of System of Care
    1. Furnish with information and forms to help
    2. Child and Family Team
    3. Contact SOC Person (contact information on the ECBH website)
  - e. If doing Community Support Team or Intensive In-Home with children you should be having Child and Family Team.
  - f. Collaboration
    1. Community Collaborative Meetings are occurring or being established to meet each month for each county.
      - a. Talk about updates.
      - b. Talk about Implementation Bulletins.
      - c. Get to meet other agencies to network services.
      - d. Agenda and minutes
  
6. FEM Tools – Michelle Lewis
  - a. We have been receiving lots of calls regarding FEM scores
  - b. Many scores were low
    1. Low means the provider will be monitored every six months
    2. Moderate scores will be monitored every 12-18 months
    3. High scores will be monitored every 3 years
  - c. Some providers were providing services without direction which contributed to a low score.
  - d. Some categories were marked N/A to help overall score.
  - e. Tool can be used by Provider Lead Coordinator to help provider.
  - f. Any time that a provider feels that they have improved to result in a higher score another FEM Tool can be completed.
  - g. There were two areas with the worst problems
    1. Collaboration
      - a. Collaboration means you partnered with another community organization to educate the community about services not just one time but an ongoing effort.
      - b. A Person Centered Plan (PCP) only is not collaboration. You need to complete a note showing collaboration.
      - c. Child and Family Team
        1. Document what was talked about.
        2. Be detailed.
        3. Confidentiality form filled out at CFT meetings and placed in the consumer record.
      - d. Person centeredness
        1. Collaboration is a treatment team meeting.
        2. It is on your shoulders to call people and set goals.
        3. Document in the consumer record with a note.

## 2. Quality Management

- a. Should give overview of types of things that fall under QI
- b. Must have plan
- c. Take a good look at QI plan
  1. Staff
  2. Incident reporting
  3. Do need to have QI meetings on a regular basis
    - a. Keep track of who is coming
  4. Must have three QI projects.
  5. Data driven
    - a. look at data and how it relates to consumers
  6. QI is about consumer services not about business growth
  7. Quarterly is the minimum needed for QI meetings

h. You can call your Provider Lead Coordinator with questions regarding the FEM Tool.

## 7. Complaints – Kelly Ayscue

- a. Resolution request letter sent to provider
- b. Consumer calls with complaint on provider
- c. We send letter to consumer stating that letter has been sent to provider
- d. 10 days to resolve
- e. 5 days to get in contact with the consumer
- f. If we are satisfied with what provider has to say then we send letter to provider and complainant stating action closed.
  1. Both consumer and provider can appeal.
- g. Fix it if you can and get letter back ASAP
- h. Letter states it is against the law to retaliate against a consumer.
- i. Relates to FEM Tool
  1. There is a section on the FEM tool related to complaints
    - a. Getting complaints does not mean that the provider is bad.
    - b. We do not count number of complaints.
    - c. We look at how the complaint was dealt with.
    - d. Document in QI process.
- j. Human rights committee
  1. Need to get it going in the Albemarle area.
  2. Meetings need to occur quarterly.
  3. Consumers, family members or professionals.
- k. Consumer handbooks
  1. Make sure each consumer gets one.
  2. Provider Lead Coordinators will be looking to see if each consumer gets one.

## 8. IRIS Update – Nonie Turville

- a. The projected to go live date is the end of January.
- b. There is currently not another IRIS training scheduled.

- c. We will post any future training in the provider alert and on the ECBH website.
  - d. Continue to send quarterly and regular incident reports.
  - e. We will keep you informed with all of the information we get.
  - f. Do not send incident reports via email unless they are password protected.
9. Endorsement Update – Bland Baker
- a. We are still in the same place.
  - b. We do not have any indication that dates will change.
10. CABHA – Michelle Lewis
- a. Initially in Implementation #63 any agency with 750 or more consumers had to have a full time Medical Director employed 40 hours a week.
  - b. Less than 750 consumers require a part time Medical Director.
  - c. Medical Directors 60% of the time can bill for other services as long as the function of the Medical Director is fully taken care of.
  - d. There was a lot of discussion at Pinehurst about the whole reason of CABHA.
    - 1. Medical oversight
    - 2. The biggest issue is the budget because the LME's are using the fund balance to pay providers.
    - 3. Review process will be from state or licensed clinicians for other LMEs.
    - 4. The Division did not define affiliation or merger.
    - 5. Endorsements do not transfer when mergers occur.
      - a. We need to get more clarification on this.
    - 6. Affiliation is business decision to be made by attorneys.
    - 7. After January 1<sup>st</sup> anybody wanting to be endorsed for Day Treatment, Intensive In-Home and Community Support Team have to meet CABHA requirements.
    - 8. If a provider is already endorsed to provide services, you have until June 30th to meet CABHA requirements.
    - 9. Providers do not have to be part of CABHA to do some services such as SAIOP as stand alone.

The next meeting date for January has not been set at this time. Once the date has been determined, it will be announced on the ECBH website and in the weekly Provider Alert.

Approved by: Bland Baker

Date: January 15, 2010

Recorded by: Stefanie Horton