

Provider Forum  
February 26, 2009  
Beaufort County Community College  
Hwy. 264 East, Building 8 Auditorium  
Washington, NC 27889  
1:00 – 4:00 PM

Fonda Gonzales introduced the presenters, gave an overview of the agenda and the comfort agreement for meeting.

Presenters:

Inez Dudley –CFAC

1. There are 2 opportunities for consumers and family members to participate. These are the Regional CFAC and Local Empowerment Groups

Kevin Kilgore – LME insurance consultant—can be contacted for questions

1. Presented and explained the Certificate of Liability Insurance (handouts given)
2. COI is a legally binding document
3. COI must state all required items to be in compliance with legal obligations
4. Failure to submit an acceptable COI could adversely affect the provider's endorsement
5. Any changes to the COI are to be submitted to the LME within 5 days

Mike Kupecki / Fonda Gonzales—Gaps & Needs (handouts given)

1. Over view of Gaps & Needs Analyze – this will be presented 14 times to ensure that all communities within ECBH will have opportunity to hear.
2. ECBH compares to other LMEs—over or at state average
3. Determined by IPRS / Medicaid billing
4. Generic providers mostly – need more specialized providers
5. ECBH has 125 of consumers at Caswell to be transitioned

Issues presented to ECBH for consideration:

1. DD help and day/night respite (caring for son/daughter)
2. DD—no place to transition school to
3. MH & DD long-term vocational support
4. NC Legal Aid—a source for assistance with items in PCP for consumers (ex. advanced directives; living wills)

## CAP-MR/DD

- a. Services clustered based on where people:
  1. Live
  2. Work
  3. Crisis services
  4. Respite
  5. Consultative / training
  6. Equipment and supplies
  7. Every cluster has a different sample size based on how/what services are clustered

## Fonda Gonzales – Community Support Definitions update

1. Providers should become familiar with new definitions for:
  - a. Increased QP time
  - b. Licensed Professionals qualifications
  - c. QP required degrees

## Michelle Lewis -- Provider Monitoring Tool Presentation (FEM Tool)

1. The goal was to create a standard tool for LMEs for monitoring
2. FEM tool has scores pre-calculated based on the reviewers answers
3. Not a clinical review-LME will look at notes, PCPs etc.
4. Not a PPCR; 10/20 review
5. Each type of monitoring has associated / corresponding outcomes:
  - a. No action
  - b. Recommendations
  - c. POC
  - d. POC & focused-monitoring

## Difference between FEM Tool & Monitoring Tool:

- a. FEM score determines how often a provider will be monitored
- b. FEM Tool **IS NOT** monitoring
- c. Is not duplicative (in content)
- d. FEM Tool is agency specific – not site
- e. Monitoring tool does not exclude other types of monitoring
- f. Monitoring tool is **not site specific**
- g. If endorsed by multiple LMEs-each LME must complete monitoring tool
- h. National accreditation may play a part in the process in the future.
- i. Providers monitoring tool has different areas to be rated—two broad levels
  1. Organizational level
  2. Person-centered level
- j. FEM tool re-done every 3 years

Pre-monitoring activities

1. Triggered monitoring
2. Compliant
3. Incident reports

LME can make unannounced monitoring visits.

No more than 2 weeks advance notice

Provider may request to have review @ LME office

LME will have 2-7 staff to review

Review may take anywhere from 1-3 days

Provider must have private room for interviews to be conducted with staff and clients

Provider must provide reviewers access to use computers for conducting review

Agency should designate a contact person

Current case loads including services must be furnished

Current list of all employees with dates of hire (must be hired more than 60 days for interviews)

Agency must arrange interviews with staff and clients

ECBH has assigned a “lead monitor” to each agency to facilitate consistency, etc.

The next Provider Forum will be held on 3/25/09 at Beaufort County Community College, Bldg 8 auditorium at 1:00