



**Provider Meeting
MINUTES
August 14, 2009
9:00am-12:00pm**

Attendees:

Cliff Anderson	MHA, Inc.	Lisa Jones	RHA Health Services, Inc.
David Ashley	Bayada Nurses	Dawn Kelley	ComServ
Allan Azali	Independent Opportunities, Inc.	Jim Kelly	Monarch
Bruce Barton	Brynn Marr Hospital	Greg J. Krypel	Independent Opportunities, Inc.
Christine Beck	PBH	Tyran Lennon	Horizon Care, Inc.
Renee Bellemoare	Arc of Davidson County	Jill Lineberger	RHA Services, Inc.
Cynthia Benjamin	PBH	Carroll Lytch	PBH
Katherine Benton	RHA Health Services, Inc.	Shelby Marlow	PBH
Carlo Black	Youth Adult Care Management	Erin McBride	Bayada Nurses
Chon Black	Youth Adult Care Management	Nadine McNair-Smith	Horizon Care, Inc.
Donald Bovender	Rowan Vocational Opportunities, Inc.	Leslie Mussington	Horizon Care, Inc.
Kelli Bowen	Autism Services of Mecklenburg County	Kimberly A. Naves	Easter Seals UCP
Brent Brandon	Quality Care Developmental Services	Crystal Nunnemaker	OmniVisions
Janet Breeding	GHA, Inc.	Robin Onuoha	Focus Support Group, Inc.
LaRuth Brooks	Youth Villages	Marzetta Osborn	Youth Adult Care Management
Daniel Brown	Monarch	Dee Pankey	GHA, Inc.
Wendy Campbell	Baptist Children's Home	Michael Puckett	Residential Support Services, Inc.
Kerri Clark	Old Vineyard	Debbie Rice	Family Services of Davidson County, Inc.
Ola Cook-Mbah	CNC/Access	Melissa Rivera	RHA/Howell Care Centers, Inc.
Courtney Dabney	Children's Home Society of NC	Jana Rollins	PBH
Susanna Dean	A.D.E.P.T. Nonprofit Services	Alisa Russell	Community Specialized Services, Inc.
Sharon Debraffenreid	F & S Professional Services	Sandra Schafer	MHA, Inc.
Diana Duncan	Diana's Home Care, Inc.	Bonnie Schell	PBH
Chika Duru	Bridging to Success	Muhammad Shabazz	Community Living Concepts
Lamont Ford	PBH	Fonda Simmons	Youth Adult Care Management
LaSheree Fuller	RHA Health Services, Inc.	Michael Slate	Towergate Youth & Family
Minnie Funchess	CF Marketing	Alison Spasoff	RHA Health Services, Inc.
Memory Gargiulo	Turning Point Services	Darlene Steele	PBH
John Giampaolo	PBH	Shela Sapp	Arc of Rowan County
Tammy Gillmore	PBH	Heileigh Thompson	PBH
Carol Gouge	PBH	Reid Thornburg	PBH
Greg Henderson	Britton & Crump, Inc.	Tracy Threatt	PBH
Tom Hibbert	Timber Ridge Treatment Center	Connie Transou	Dream Makers Assisted Living Services
Jane Jackman	Arc of Rowan County	Ornela A. Vasquez	PBH
Chris Jacobson	PBH	Tara White	Quality Care Developmental Services
Liberty Johnson	Thompson Child & Family Focus	Bobbette Willis	The Keys of Carolina
Yvette Johnson	Quality Family Services	Allison Wilson	MHA, Inc.
David Jones	PBH		

Welcome and Call to Order – Diana Duncan for Flay J. Lee

Meditation Reading – Diana Duncan for Flay J. Lee

Network Council Updates – Diana Duncan for Flay J. Lee

Network Council Members who were present stood up and introduced themselves.

The election of new Council members is on the table. Some members will be rotating off in December. See Diana at the break for details.

Network Retreat – The minutes from the Network Council Retreat will be posted on the website.

Topics discussed included the Budget Status, Provider Satisfaction Survey, Administrative Burdens Workgroup for Dashboard Reports has been developed.

The Network Council By-Laws were updated at the August 6th Network Council meeting.

Provider meetings are now being held quarterly.

Bring your provider issues to your Network Council representative. They will be presented before the Network Council.

PBH Department Updates:

Finance – Niels Eskelsen – Finance had nothing to report at this time.

Network Operations – Steve Tomlinson

Disseminating information to our network can be overwhelming. We are looking at better ways to get the information to you. Ted Thomas is going to be coordinating our communication efforts. He has designed a weekly e-mail blast which consists of information gathered throughout the week. The e-mail blast will be sent out at the end of each week.

Ted will also be looking at the Provider Webpage. We have heard your feedback about the website being difficult to find things.

There is a lot of information included in today's provider folders. Our hope is for us to put information out on the web for you to view.

Cynthia Benjamin announced that there will be State training August 31st regarding Incident Reporting. If you are interested please contact Shelby Marlow at 704-721-7060 or shelbym@pamh.com. There will also be training for Incident Reporting at PBH. It will be held at Copperfield from 1:00pm-4:00pm but the dates are not set yet. PBH will arrange this training via webcam.

Ted Thomas – We just received a message a few minutes ago that the State training is now full but we will still have the training here. We will send you an e-mail with the confirmed dates.

UM/Access – David Jones

Briefly discussed Residential Levels II, III and IV.

We have been meeting with the DD providers and have developed a workgroup. We are open to setting up some times and meeting to get your problems resolved.

Quality Management – Darlene Steele – No updates at this time

IS – Dennis Murphy – No updates at this time

Network Dashboard Report Date Request – Providers to select items

In your packet there is a piece on Network Dashboard Reports.

Network Council will be reviewing reports and picking out what is important to our providers.

We would like your feedback today.

Chuck Hill spoke about the individual reports listed below.

Referrals made vs Referrals Accepted Per Services/Per Provider –Registry of Unmet Needs –

Reflects the number of consumers awaiting services by type of service: MH/DD/SA. Traditionally

consumers waiting for DD services were placed on this list. However, the full MHS Registry began in April with the onset of several freezes PBH implemented due to state funding reductions.

Number of Consumers Receiving Services Per Provider – This consists of the number of consumers who are receiving services from providers broken down by providers. It includes a distinct count of the number of consumers each provider served during the fiscal year by quarter. It monitors and tracks the referrals and service loads at provider. It breaks down the types of services by the provider. Service types are Community, Fee for Service, ICF, Innovations, Inpatient, Outpatient and Residential.

Number of Discharges by Provider Name and Reason for Discharge – This report includes admissions, level of care and discharge level of care and contains overall outcomes.

Trend Analysis – Most of our reports are point in time reports. Trend analysis is provider data on Performance Indicators over time (per month, per quarter, and/or annually)

Provider Satisfaction Survey Results, Analysis, Action – Annual report – The results of the Provider Satisfaction Survey have come back and have been presented to the Network Council. The report now goes to CQI. Plans of Improvement will be developed then the results will be brought to the Provider meeting. There was a 42% participation rate this year. We really want 100% participation. This is your chance to let us know what we can do to be better for you.

Capacity Study and Gap Analysis – Capacity of the Network to provide services/ Gaps that exist in the continuum of services. This report includes an analysis of PBH population characteristics. It includes an analysis of PBH's Provider Network, staffing, clinical infrastructure and global strategies as well. This analysis will be used to create the Network Development Plan. The Geomapping program we use and the Cultural, Racial, Ethnic, Gender, and Linguistic Data Forms which were sent to LIP's and agencies will assist in gathering this information.

Accessibility Study – This is an annual report. The Accessibility Study is an analysis of the PBH catchment area and consumers/enrollees by the Community Relations Department that includes a review of the US and/or NC Census data on the racial/ethnic composition of the population within the services are or region. It includes the availability of providers by type and geographic distribution. This study includes the Access standards for the PBH network. Examples of this would be Percent of open psychiatrists, psychiatrist/member ratio, licensed independent practitioners not including psychiatrist/member ratio, geographic distribution of CCP's to each member, geographic distribution of residential facilities, behavioral health facility (inpatient psychiatric, crisis unit, detoxification unit, substance abuse residential care).

Look at the reports listed and determine for your business which ones are the most important to you. Give some other examples that come to mind in terms of data. This was put there as a general category. Incident Reporting, Level III's, Voluntary Staff Turnover, if there are some things that you are interested in getting reports on, put it there in the Other Reports section with your comments. Network Council will look into it. For example PBH tracks the training, i.e. types of training, number of participants. We want to do some comparisons on the attendance for the Provider meetings to see what the attendance has been since we have changed from monthly meetings to quarterly meetings. Please complete this before you leave today and leave them in the boxes at the table in the back of the room.

Break to Network

Budget Cuts

Diana has some information regarding DD Services which she is willing to share with you. Contact her to obtain this information.

Steve Tomlinson

PBH as the pilot program for the State has really been enjoying so many successes and it is all because of you, our providers. Some providers will be significantly impacted by some of the budget cuts. Through various meetings and committees we have been able to put together a really good picture of what is going on. Through our partnerships with you, as we recalibrate in making the best system, we will

be doing it together. An extension has been requested due to a budget shortfall. It is a difficult job trying iron the budget out. We tried to make a compelling argument with the state.

The LME budget was cut 10%. Medicaid provider rates are subject to being cut. There will be service reductions, services eliminated, therapeutic camps are going away and Community Support going away next year. In certain situations state funding will be cut for DD services. LME's are concerned with absorbing the 10% cut. We can make the adjustments that are necessary through the funding adjustments and freezes we made in November of last year and March of this year. This should be sufficient and will re examine it in a couple of weeks and let you know as soon as possible. We will be examining the rate reduction impact over the next several weeks and take a proactive stand on the steps to be taken. We hope to have a plan in place by September. This will be a plan we make together. We have Clinical Advisory Committee representation as to how decisions are made.

Level III & Level IV Group Homes – Level III and Level IV group homes will not be eliminated. Instead there will be certain criteria which will need to be met. This is a result of a lot of deliberation and discussion. It will be more difficult to get someone in but it's better than not having it all. They are using this as a step down. They want child family teams to be involved in the decision making. We have been doing child family team training and working with our providers to get them involved, taking it to a newer level to help in making the decisions. They want there to be a cap on how long a child can be in residential care and want residential providers to be nationally accredited within a year.

Community Support – David Jones - We want to work together on these changes. While we may not have the answers today, we want to hear your questions. In the most recent information received, June 30, 2010 is the end date for this service. There are no specific answers about case management and skills training right now. How do we transition? How do we get there? What do we do? What is it going to look like – the services we transfer this to? All of these questions are still open.

How many Consumers will this affect? This will affect about 1600 consumers for Medicaid and around 700 state consumers before we froze funds. The state funds are still frozen from the November and March freezes. Because we did that, we think we will be able to work out the additional cuts that are coming. This transition plans for about 1600. The state working on what services will replace this.

Question: Are you aware of any information that effective October 1st no new consumers/referrals will be accepted for Community Support?

Answer: We are not aware of this.

Daniel Brown - That is true. It is in the special provisions. No new referrals to Community Support unless the LME agrees to it and there is no other service.

Question: Is that actually in place?

Answer: Yes, if it is in the legislation. How DMA rolls it out has not been determined.

Request: Please provide an interpretation of what paraprofessionals are. Is that AP and paraprofessionals?

There are minutes posted on the DMA website regarding individual needs about consolidations. Any state service that is added is automatically under our B waiver.

Question: Have you heard anything about case management agency development?

Answer: We have not heard. There is a taskforce formed and minutes posted.

Question: Does PBH have representation on that committee?

Answer: David Jones - Not that I'm aware of. Pam Shipman is a member of several committees but I'm not sure if she involved on the service definition level.

Implications for DD Services and DD Providers – The provision regarding anyone in CAP-MR (Innovations) receiving additional state services was going to be stopped. This is how this first came out. The State did a report and identified \$16 million in State Services that had been utilized. The latest thing we've seen is that they are going to cut \$8 million. Past Thomas S class members have also retained the ability to receive State Funds if they are on CAP-MR. We have been a little more cautious than most LME's. In a State meeting two months ago there were other LME's already going out and saying that everything was cut. We studied and found who our consumers are and who receive both state and Innovations funded services. We pulled a list of past Thomas S class members. We are still in study

right now about what we are going to do. We are looking at our consumers individually and determining their needs.

Some state funded services can be moved to Medicaid services. ADVP, for example, can be moved to Day Supports group. There are 35 people in ADVP that are also in Innovations that we can move to Day Supports group. The residential pieces are more difficult such as supervised living. We are really going to have to look at this.

Provider comment: You guys should be commended on how you handled this – other LME's cut us off immediately.

Diana Duncan - In the budget packet that the state is looking at in section 10.65A PBH is being considered as a model.

Question: Is that true?

Answer: We are being looked at by the state, DMA, DHHS, nationally. We have to go through many reviews because we are a pilot project. Some of the successes are being looked at to use as a design model for a bigger area or other areas of the state.

Residential Level III, IV – It is going to be some difficult work transitioning. Over the past two years we have already been doing a lot of what this legislation is now saying has to be done. We're not just starting now. We have spent significant time in UM looking at how the services are in terms of the right treatment and the right frequency. Beginning about 2 years ago with 150 Level III consumers in treatment, we are now down to 48 as of yesterday. Those 48 are those who really need to be there. We are a year or two ahead of where this legislation is. We do have a lot of planning and a lot of work with child family teams. UM staff are working with Child and Family Teams on transition possibilities like getting kids back home and getting them into community services. We want to make sure we are utilizing the network to the best of the consumers' needs.

Where We Are with Children Residential Services - Carroll Lytch and Christine Beck

We have developed a flow chart in how we thought children should go into residential treatment as it relates to children being referred to residential treatment focusing on least restrictive to most restrictive services to insure we have tried everything we can to try to keep these kids in their own homes and out in the community where it has been proven to be the best for them.

There are 52 kids in services. We came up with preliminary recommendations by looking at the TARS, seeing that they are doing well and looking at those in DSS custody. We met with residential providers and Steve Tomlinson to see where we are with the State. We have received new information from providers. We have met with the System of Care Community Collaborative every 3rd Tuesday of the month to discuss how we can provide services for children better, residential services being reduced and discussing issues presented by parent partners and other stakeholders related to improving the overall child serving system. We developed a process for coordinating Child and Family team meetings with providers. Tonya Brown trained UM and Outreach staff to participate in family child teams. UM is going out and teaching how to accommodate children around crisis issues and services at home. The revised service definition has gone to the Waiver Team. We should have a good idea of how it will be by next week.

Christine – This transition will affect 48 children. We are working with CCP's and other providers to insure the child and family teams are working, where kids are being transferred to, and collect correct information/ There have been 16 family child and family team meetings so far. Some children are ready to be transferred in the next few weeks. We work to insure the services are in place for when the children go home. The Timber Ridge camps will be closed. We need to move these children by October 1st. We are trying to allow for a 30-day transition, start the work before they go home on the weekends and use B-3 Respite services to give the kids a break. Letters are going out to the families. Unfortunately a lot the letter came back because the addresses we have are outdated. In a lot of cases our system shows the residential provider addresses instead of the consumer addresses. We are working with our providers to obtain the correct information.

Residential Level III – The state allowed for additional community support. We know this is going to be hard for everyone. At the System of Care conference last Friday we spoke to the kids about the transition. The kids do not know what is going to happen. They are aware and are concerned about what is going to happen next. We had conversations about how to cope with these changes.

Tom Hibbert – Comments regarding a consultative memo with the issue being there are some kids that are assigned to therapists who are not licensed. What about evaluations of the child staying with that therapist through the transition?

Answer: You can request a plan update and list the clinical reasons then we would look at this on a case by case basis.

Chuck Hill - Look at what your contract says regarding provisionally licensed staff. Only the CCP's are allowed to have provisionally licensed staff.

Tom - Prior to this memo, there could be a Q doing these services. In the July 17th memo our expectations for children is Residential Level III.

Question: Are you planning to transition all 48 children?

Answer: We are planning and monitoring to insure they receive the care they require. We will be reduce the use of Level III's but not eliminate them. The average stay is 200 days. The state wants us to reduce this time to 120 days.

Question: Are the Community Service Providers aware that the Level III is an available service? First we were told it would be eliminated then we were told the hours would be reduced.

Answer: This is based on the needs of the consumers. There is nothing from the state saying we cannot have Level III care at all. Incorrect information has been given out. We are trying to communicate and be more specific.

Leslie Mussington - We have heard that CCP's have been instructed to not give referrals for Level III.

Answer: That is incorrect. CCP's have NOT been instructed to not give referrals for Level III services. Providers CCP's are supposed to make referrals for Level III. The plans need to be more specific about step downs.

Leslie - PBH has asked providers to develop programs then not get referrals.

Answer: This has always been related to the child's need for care. We will continue to review Person Centered Plans as we always have. We are asking for you to include a discharge plan. This is not clear to the providers. This has to be based on medical necessity.

Leslie - Several providers when they ask a CCP about making referrals they are being told PBH told them they are not to be making referrals to Level III.

Answer: This is a medical necessity issue. You can ask for anything, our role is to look at this. Call Chris Jacobson, give him the information and he will take it to the CCP meeting.

We are receiving calls that children who need the treatment, are being denied because we have been told not to refer to Level III.

Answer: Service denials will happen based on a review. If a consumer receives a denial it is very important that they appeal to be reviewed.

We have been told from Community Support Staff that we are not accepting referrals to Level III.

Cynthia Benjamin offered to send out a communication to the CCP's between now and Monday to clear this up.

Provider Comment: It would be helpful to let the correct agency staff know so we all know.

The Child and Family Team Meetings should have agendas. Know what people's responsibilities are. Some things can be done by the family. There should be timekeepers present. Always have the guardian present. Find something good to say about the kid up front. Contact Umanagement@pamh.com, or call Chris Jacobson. For your HealthChoice consumers, if their permanent residency is within our catchment, PBH will need to attend those meetings. Please send in your list of HealthChoice consumers.

Cultural Competency Provider Subcommittee – Looking for an additional member. We will be contacting you soon. There will be a Cultural Competency training held September 11, 2009. See the flyers. Language barriers, hearing impaired, blind. PBH staff is welcome to join us as well.

Leslie Mussington – Went to Raleigh to advocate for us and our consumers. Discussed last week in Network Council there is a need to advocate for our consumers. Are you actively participating individually or as a group to advocate for our consumers? Who would like to develop some sort of an advocacy

group within our catchment area. When issues such as the budget come up, we can tell Raleigh and be more politically active. Contact Leslie if you are interested. His phone number is 704-699-5899.

RVO has been going there on Rally Day and have been doing this for the last five years. We all need to go more often than just on Rally Day.

Tom Hibbert – You (PBH) should be commended for what you have done for us in the past and we are looking forward to what you will be doing for us in the future.

Don Bovender of RVO - The Aktion Club of Salisbury, a part of the Kiwanis Club of Salisbury is a service for the community. They raised \$1,250 at the last yard sale. We will be having another one September 19th open to anyone. If you have items to donate for the sale or wish to shop the yard sales will be held at RVO. The money is going to the community.

For the additional DD information Diana mentioned earlier in the meeting, give her your e-mail address and she will send it to you.

Kimberly with EasterSeals – One of her consumer's homes burned down. Who can help them? The Red Cross, Salvation Army and Christian Ministries.

Under suggestions, providers need to let us know what you feel is working and what is not.

E-mail Cynthia Benjamin a name as your recommendation for Network Council membership for DD and LIP representatives. Her e-mail address is cynthiab@pamh.com

Chris 704-742-2119 or chrisj@pamh.com

Unis Shriver Kennedy passed away this week. Remember her as she coordinated the Special Olympics.

Provider Questions/Updates/Concerns/Suggestions – There were no more questions.

Motion made to adjourn; Motion seconded; All in favor; Motion carries.

Next Provider Meeting November 13, 2009