



Consumer & Family Advisory Committee

ALAMANCE/CASWELL/ROCKINGHAM LOCAL MANAGEMENT ENTITY  
Ricky Graves, Chair

*Minutes Subject to Approval*

**Minutes**  
**January 27, 2009**

**Present:** Vanessa J., Sharon L., Luellen K., Louis W., Ann Slaughter (Area Board), Gloria M., Mary H., Ricky G., James W., Monica O., William C., Brynda N. and Kim S.

**Absent:** *Mary H. (Prior Notification)*  
*Johnny T. (No Notification)*  
*Carl B-Watkins (Prior Notification)*  
*Art S. (Prior Notification)*  
*Gloria M. (Prior Notification)*  
*William C. (Prior Notification)*

**Guests:** **Adele Newman**

**LME:** *Helen Feroli, LME QA/Provider Relations Manager*  
*Carmen Morrow, Provider Relations/Recorder*  
*Richard Bruton, LME QA/QI Specialist*  
*Victor Armstrong, LME Care Coordination Manager*

AGENDA ITEM	DISCUSSION/CONCLUSION	ACTION/NEXT STEPS	RESPONSIBLE PERSON	STATUS
<i>Item number and name</i>	<i>Detailed reflection of discussion and any conclusions from discussions. Include pertinent data wherever possible.</i>	<i>Any decisions, recommendations and/or next steps the committee approves.</i>		<i>Open or Closed</i>
<b>1.0</b>	Chairman Graves called meeting to	N/A	N/A	Closed

AGENDA ITEM	DISCUSSION/CONCLUSION	ACTION/NEXT STEPS	RESPONSIBLE PERSON	STATUS
Call To Order	order and Introductions were made.			
2.0 Review and Approval of Minutes	December 16, 2008 minutes were mailed earlier for review.	<b>Motion made to approve minutes. Minutes were approved as written.</b>	N/A	Closed
3.0 Care Coordination Presentation	<p>Mr. Victor Armstrong, LME Care Coordination Manager presented the following to CFAC members:</p> <p>Mr. Armstrong gave a brief definition of Care Coordination for CFAC members. He gave a breakdown down of staff: Hospital Liaison, Housing Coordinator, System of Care Coordinator, Crisis, CAP/DD Coordinator, Grants and other contract staff. (There is a total of 23 staff that make up the Care Coordination Unit)</p> <p><u>Projects -</u></p> <p><u>CASP</u> - Cross Area Service Programs is one of the projects Care Coordination has played a huge part in this program. Mr. Armstrong briefly described the CASP program. The LME has focused a lot on increasing crisis services in Rockingham County. All CFAC members received notification last month of the change of crisis services in Rockingham County.</p> <ul style="list-style-type: none"> <li>• Effective December 15, 2008 - Daymark services took over all Walk-In Crisis Services &amp; hospital discharge follow-ups. They are located in the Rockingham County MH Center.</li> <li>• Effective December 17, 2008- Daymark services started providing Mobile Crisis services.</li> </ul> <p>As of December, 23 consumers have been seen in Walk-In services and 19 seen by Mobile Crisis. The LME meets on a weekly basis with Centerpoint and Daymark regarding the services.</p>			Open

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	<p><u>Hospital Issues</u> – Mr. Armstrong briefly updated CFAC members on the Plan of Correction from State regarding hospital discharges compliance issues. Mr. Armstrong informed CFAC members how the numbers were calculated – based on averages. The LME fell below 50% for 1<sup>st</sup> appointments within 30 days of discharge. The LME has taken proactive steps to get capacity up. The LME Hospital Liaison has always scheduled the 1<sup>st</sup> appointment, but if the consumer no-showed for the appointment the LME did not have data to show the State.</p> <p><u>Proactive Steps:</u></p> <ol style="list-style-type: none"> <li>1. The LME will schedule two appointments: <ul style="list-style-type: none"> <li>• Private Provider</li> <li>• LME Physician</li> </ul> </li>   <li>2. The LME hired a Care Coordinator in Rockingham County that works closely with Rockingham MH Center and Daymark. The care coordinator contacts the consumer and gives reminder regarding appointment, if transportation is needed, it can be arranged. Care Coordinator can also contact Mobile Crisis if contact is needed.</li>   <li>3. Keep a data log</li> </ol> <p>In Alamance, Psychotherapeutic Services Mobile Crisis is used also for consumers who no show or miss appointments.</p> <p>Support staff is contacting providers to see what efforts have been made regarding no show appointments. Some providers are sending logs of kept appointments/no shows to the LME for data purposes.</p> <p>Mr. Armstrong reported at the end of last week, the LME was at 66% (the number will increase once we get final tally due to 30 day window).</p> <p>The State gathers compliance numbers from paid claims data, but there is a lag time of</p>			

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	<p>provider billing. All providers do not bill monthly, but we can tell what has been paid.</p> <p><b><u>Question: What happens when a consumer is discharged to jail?</u></b>  <i>Answer: If consumer is in our catchment area, the hospital liaison, Kent Smith, goes to jail to see consumers. If discharged to Central Prison, the LME will contact the LME catchment area for consumer so contact can be made.</i></p> <p><b><u>Question: How are you doing with rate/no show for 2<sup>nd</sup> appointment?</u></b>  <i>Answer: All counties are different. But for Rockingham – appointment scheduled with private provider. Daymark does all hospital follow up for providers. Daymark will go out to see consumers if needed.</i></p> <p><b><u>Question: is the billing for Mobile Crisis efficient?</u></b>  <i>Answer: We bill for Crisis for 30 days due to 1<sup>st</sup> 30 day window is still under Crisis billing. We can't justify Mobile Crisis outside of crisis services.</i></p> <p>Discussions ensued regarding consumers who usually no show for appointments once discharged from hospital; they have fear of being committed again.</p> <p>Mr. Armstrong distributed handout of tracking data log that is used to track all follow up care. Log information gathered is as follows:</p> <ul style="list-style-type: none"> <li>• Demographics – Name, Address &amp; Phone Number</li> <li>• Hospital, Payor Source, Admit Date, Discharge Date, Outpatient Commit</li> <li>• Provider, Provider Appt. date</li> <li>• LME Appt. Date</li> <li>• Appt. kept (Yes/No)</li> <li>• Rescheduled appointment</li> <li>• Date of LME Contact</li> </ul> <p>CFAC members thanked Mr. Armstrong for presentation.</p>			

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<p><b>4.0 LME New/Revised Policies &amp; Procedures</b></p>	<p>Ms. Helen Feroli discussed new/revised policies and procedures with CFAC. All policies will need approval from CFAC as well as Area Board and UM Committee. All policies and procedures were mailed to all CFAC members earlier for review. The following policies were discussed as follows:</p> <p><b><u>Policy and Procedure Maintenance, Review and Approval</u></b> - (Pg. 1 - Section E) was discussed and QM Committee recommended adding signature line be added back for all chairmen to sign from the different committees: CFAC, Area Board and QM.  <i>Action: Motion made by CFAC members to adopt policy with recommended changes to add signature line. Motion seconded.</i></p> <p><b><u>Staff Assessment Program</u></b> - Two sections were discussed ( Pg. 1 - Section A) recommendation to not single out Medical Director, but word as all staff - both full time and part time employees, clinical and non-clinical workers, and executive level and senior clinical staff, are included in the staff assessment program.</p> <p>(Pg. 1 Section E) Recommendation was to delete #3 - and add Executive Director's signature is needed.  <i>Action: Motion made by CFAC members to adopt policy with recommended changes. Motion seconded.</i></p> <p><b><u>Job Descriptions, Staff Qualifications and Credentialing</u></b> - Recommendation made by CFAC members to change wording on licensed professionals. The Credentialing process is in place, it applies to all staff &amp; Medical Director.  <i>Action: Motion made by CFAC members to adopt policy and motion seconded.</i></p>			

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	<p><b><u>Staff Training Program and Operational Tools &amp; Support</u></b> – this policy focuses mainly on UM staff. All licensed professionals have to maintain training and have CEU credits to maintain license. Personnel will maintain all training information for all staff included licensed professionals.  <i>Action: Motion made by CFAC members to adopt policy and motion seconded.</i></p> <p><b><u>Consumer Safety Mechanism</u></b> – Discussions ensued regarding this policy. Recommendation made to add language of consumer who can’t verbally explain or express crisis situations. This policy is one of Core Policies for URAC Accreditation. The policy speaks specifically to consumers who are urgent/emergent and require 24/7 Access.  <i>Action: Table to next CFAC meeting. Ms. Feroli will take back to URAC Committee and discuss with Rachel Walker, URAC Consultant.</i></p> <p><b><u>Senior Clinical Staff Requirements and Responsibilities</u></b> – no recommended changes.  <i>Action: Motion made by CFAC members to adopt policy as written. Motion seconded.</i></p> <p>Ms. Feroli announced to CFAC members to look over the Regulatory Compliance Program Description. A new committee has been formed of Senior Management Staff. They will meet once a month to go through State contract to ensure compliance.  <i>Action: Motion made to table to next meeting to discuss.</i></p>							
<p><b>5.0 CFAC LME Action Plan</b></p>	<p>CFAC &amp; LME Action Plan were discussed and the following items were put in table format. The results were as follows:</p> <table border="1" data-bbox="453 1240 1493 1487"> <thead> <tr> <th data-bbox="453 1240 989 1284">CFAC Obligation</th> <th data-bbox="989 1240 1493 1284">Results</th> </tr> </thead> <tbody> <tr> <td data-bbox="453 1284 989 1487"> <p>1. Review, comment on and monitor the implementation of the local business plan.</p> </td> <td data-bbox="989 1284 1493 1487"> <p>Quarterly Review on Calendar LBP during review – address implementation of plan and discuss between plan/budget “specifically consumer care”.</p> </td> </tr> </tbody> </table>	CFAC Obligation	Results	<p>1. Review, comment on and monitor the implementation of the local business plan.</p>	<p>Quarterly Review on Calendar LBP during review – address implementation of plan and discuss between plan/budget “specifically consumer care”.</p>			<p>Open</p>
CFAC Obligation	Results							
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		Link between funding and services		
	2. Identify service gaps and underserved populations.	Progress Report – geared for annual needs assessment in March. Consumer Survey project independent of LME Low Penetration rates for MH/DD–SA is usually low. Best Practices – Where are We? NC Carelink – Where are we? Service Array Plan – Is it up to us?		
	3. Make recommendations regarding the service array and monitor the development of additional services.	QI/UM Meeting CFAC Brochures added to Welcome Packets CFAC members reaching out to stakeholders for recruitment of CFAC members – especially for Caswell County. Look at County Health Assessment Committees African American & Latino representation ( Maybe utilize Dr. Luke Smith for Latino Population)		
	4. Review & comment on the area authority or county program budget	Need training on budget reports		
	5. Participate in all quality improvement measures and performance indicators	Need CFAC Rep. on QI/UM Committee Quarterly Reports – Complaints, Incident & Appeals are done at CFAC meetings		

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	<p>6. Submit to the State CFAC findings and recommendations regarding ways to improve the delivery of MH/DD/SA services</p>	<p>All training from last CFAC Training is on the Division website.</p>		
	<p>A full detail report of CFAC/LME Action Plan will be distributed to CFAC members at next meeting.</p>			
<p><b>6.0 LME Quality Improvement Reports</b></p>	<p>Mr. Richard Bruton, LME Community Relations Specialist presented the following QI Reports. They were as follows:</p>			<p>Open</p>
<p><b><u>Clinical Appeals – 1<sup>st</sup> &amp; 2<sup>nd</sup> Quarter 2008–2009</u></b></p>				
<p>Total # of Appeals Received</p>		<p>4</p>		
<p>Total # of Appeals Reviewed</p>		<p>1 (2 consumers authorized prior to review; 1 consumer was referred to LME Complaint Dept., and VA given ineligibility for IPRS funding)</p>		
<p>Total # Overturned</p>		<p>1</p>		
<p>Other</p>		<p>3</p>		
<p>Number of Appeals by population served:</p> <ul style="list-style-type: none"> <li>• Adult MH</li> <li>• Adult DD</li> <li>• Adult SA</li> </ul>		<p>3 1 0</p>		
<p>Number of Appeals by service:</p> <p>Outpatient</p> <p>ACTT</p> <p>CS - Adult</p> <p>Personal Assistance</p>		<p>1 1 1 1</p>		
<p>Number of Appeals by reason of denial</p>				



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	Group Living - Low	1		
	Number of Appeals by Reason of Denial:			
	Missing Authorization/Consent	3		
	Auth. not obtained prior to service delivery	1		
	Failure to provide required documentation	5		
	No Current/signed PCP	1		
	Invalid Service Plan	1		
	Number of Business Days from Request to Review	1		
	0-10	1		
	11-20	0		
	21-30	4 (The LME is working on this number to get it down)		
	31-40			
	40+	1		
	<p>There are no set dates for appeals. But due to Accreditation - the LME will use this as a QI project. We are in the process of implementing strategies to handle all requests within 30 days. Handout was distributed that outlines all appeals in full detail.</p> <p><b><u>Quarterly Complaint Report -</u></b></p> <p>Report is SFY 07-08 4<sup>th</sup> Quarter (April, May, June)</p> <p><b><u>Summary of Complaints Made -</u></b></p>			
	Total number of complaints received by LME for Quarter	34		
	Total number of complaints by or on behalf	31		

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	of a consumer			
	Total number of complaints not by or on behalf of a consumer	3		
	Total number of complaints that did not result in an investigation	34		
	Total number of complaints that were resolved	31 (Resolved by working with the provider via the LME)		
	Total number of complaints that were partially resolved	3		
	Total number of Final Dispositions by LME	32		
	Total number of Final Dispositions by DSS	2		
	Total number of working days from receipt by LME to completion 0-30 days	32		
	Total number of working days from receipt by LME to completion 31-60 days	2		
	Mr. Bruton reported the following information - the high numbers were:			
	Disability of Consumer on whose behalf complaint is being made: Mental Health	28		
	Primary Nature of Complaint (person is dissatisfied with) Quality of Care	18		
	Type of Service - CS- Adult	10		
	Mr. Bruton reported for the month of December 2008 - the LME had only received 7 complaints. The next complaint report is due to the State by February 20 <sup>th</sup> for (July 1 - September 30 <sup>th</sup> ) which is the 1 <sup>st</sup> Quarter.			
	<b>LME Quarterly Incident Report - SFY08/09 for 1<sup>st</sup> Quarter (July, Aug, September)</b>			

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	<p>Definition of Level I, Level II and Level III Incidents –</p> <p>Incident – “any happening which is not consistent with the routine operation of a facility of service or the routine care of a consumer and that is likely to lead to adverse effects upon a consumer”.</p> <p><u>Three Levels of Incidents</u> –</p> <p><u>Level I</u> – are events that, in isolated numbers, do not significantly threaten the health or safety of an individual, but could indicate systematic problems if they occur frequently. These incidents may signal a need for the provider to review its clinical care and practices.</p> <p><u>Level II</u> – includes any incident that involves a threat to a consumer’s health or safety or a threat to the health or safety of others due to consumer behavior. Level II incidents may signal a need for the LME to review the provider’s clinical care and practices and the LME’s service management processes.</p> <p><u>Level III</u> – includes any incident that results in (1) death or permanent physical or psychological impairment to a consumer (2) a death or permanent physical or psychological impairment caused by a consumer, or (3) a threat to public safety caused by a consumer.</p> <p><u>Total Number of Incident Reports received for the Quarter:</u></p> <table border="1" data-bbox="453 1206 1690 1291"> <thead> <tr> <th data-bbox="453 1206 869 1252">Level 2</th> <th data-bbox="869 1206 1283 1252">Level 3</th> <th data-bbox="1283 1206 1690 1252">Total</th> </tr> </thead> <tbody> <tr> <td data-bbox="453 1252 869 1291">84</td> <td data-bbox="869 1252 1283 1291">5</td> <td data-bbox="1283 1252 1690 1291">89</td> </tr> </tbody> </table> <p>Please see complete detailed Quarterly Incident Reports for all figures.</p> <p>If you have any questions regarding Incident Reports, please forward all questions to Barbara Docimo, LME QI Specialist at ext. 4010.</p>	Level 2	Level 3	Total	84	5	89			
Level 2	Level 3	Total								
84	5	89								

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7.0 Monthly Reports	<p><b>LME</b> – Human Rights Committee is recruiting new members. Adelle Newman volunteered as provider.</p> <p><b>Area Board</b> – No report. Area Board will meet in February. Please see financial report for as of December 31, 2008.</p> <p><b>DHHS</b> – Ms. Suzanne Bellian at Guilford Center meeting, but reported the following:</p> <p>Implementation #52 with rate changes for Community Support.</p> <p>New Secretary of DHHS has been named Lanier Cansler.</p> <p>Governor Perdue increased budget cuts to 7%; this increase does not include DHHS, DPI or public safety.</p> <p><b>State CFAC</b> –See minutes from last meeting in packet.</p> <p><b>NAMI</b> – The following updates are:</p>			Open

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	<p>NAMI meeting held on January 12<sup>th</sup> had 26 people attended. The new officers are as follows:            Luellen Kaighn - President            Art Springer - Vice President</p> <p>The next meeting will be held on Monday, February 9<sup>th</sup> - Andrew Nussach from Duke Psychiatry will speak.</p> <p>New Family to Family class will start on January 29<sup>th</sup>.</p> <p>NAMI Walks will be held on May 2<sup>nd</sup> at Dix Campus.</p> <p>Legislative Breakfast will be held on Saturday, February 21<sup>st</sup> at the Friday Center.</p> <p>Friends Group - ARC has a new director. ARC has lost funding and is working with United Way.</p>			
<p><b>8.0</b>  <b>Read-A-Round</b></p>	<p><i>CFAC are encouraged to review the handouts available in Read-A-Round:</i></p> <ol style="list-style-type: none"> <li>1. MH/DD/SA Related Admissions in Community Emergency Departments Quarterly Report (SFY 2008-</li> </ol>	<p>CFAC are to sign the Read-A-Round if you would like a personal copy of the information.</p>	<p>Carmen Morrow</p>	<p>Closed</p>

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	2009) 2. Crisis Portal of Entry Directory			
<b>9.0 Handouts</b>	<ol style="list-style-type: none"> <li>1. Policies &amp; Procedures Mailed Early for Review – (Staff Assessment Program, Job Descriptions, Policy &amp; Procedure Maintenance, Staff Training Program, Consumer Safety Mechanism)</li> <li>2. Alamance County Community Services Agency: Weatherization &amp; Heating Assistance Program Letter</li> <li>3. ACR LME URAC Newsletter: Volume 1 – Issue 4</li> <li>4. CFAC &amp; LME Action Plan</li> <li>5. LME Quarterly Reports: Incidents &amp; Complaints</li> <li>6. LME 1<sup>st</sup> &amp; 2<sup>nd</sup> Quarter Reports: Administrative &amp; Clinical Appeals</li> <li>7. Implementation Update #52 -</li> <li>8. Memo: Supersedes January 14, 2009 Implementation Update Changes for #52</li> <li>9. SFAC Meeting Minutes: November 14, 2008</li> <li>10. LME Financial Reports: Balance Sheet &amp; Revenue for 12/31/08</li> <li>11. News Article: "Wainwright pulls choice to head AMHC"</li> </ol>			
<b>10.0 Adjournment</b>	Meeting adjourned. The next meeting will be held on <b>Tuesday, February 24, 2009 at 6:30pm.</b>	Agenda Items:	N/A	Closed

Respectfully Submitted By:

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*Carmen Morrow, Recorder*

*Helen Feroli, Community Affairs & Consumer Relations\**

*Staff to the Committee*

Date -----

Approved By:

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*Ricky Graves, Chairman\**

*Consumer & Family Advisory Committee*

Date -----