

QI/UM Committee Meeting
ALAMANCE/CASWELL LOCAL MANAGEMENT ENTITY

May 25, 2010

LME Staff Present: Jandy Andrews, LME Director of Financial Services; Jodi Meacham, LME QM/PR Director; Barbara Docimo, LME QM Specialist; Lynnette Gordon, LPC, LCAS, LME Clinical Director; Trina Powell, LME Care Coordination Director; Teresa Arrwood, LME Reimbursement Manager; Debra Welch, LME Operations Director; Angie Carter, LME Provider Specialist; Cindy Ziller, RN, LME Clinician; Dr. Phillip Holding, LME Medical Director (via phone) and Carmen Morrow, LME Provider Relations/Recorder

LME Staff Absent: none

Provider Staff Present: Cora Strickland, Solutions CSA; Tom Wilson, OE; and Vanessa Jennings, CFAC member (absent)

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 steps the committee takes.</i>		<i>Open or Closed</i>
Welcome & Review of Minutes	Ms. Jodi Meacham welcomed committee members to meeting. Minutes from March meeting were approved.			Closed
Department Reports	<p>The following department reports were reported to committee members.</p> <p><u>QI/UM -</u></p> <p>Ms. Meacham reported the following regarding the QI/UM Unit:</p> <p>Ms. Meacham introduced Ms. Angela Carter, new staff who will take over duties of Provider Specialist.</p> <p><u>QI Work Plan/QIPs</u> – The following were discussed:</p> <p><u>QIP: Consumer Access to First Responder</u> Revised Project Team members to include: Angie Carter, Cindy Ziller and David Sykes.</p> <p>Third Quarter Report as of May 25, 2010: (January – March 2010 data) – 58.3% compliance rate.</p>			Open

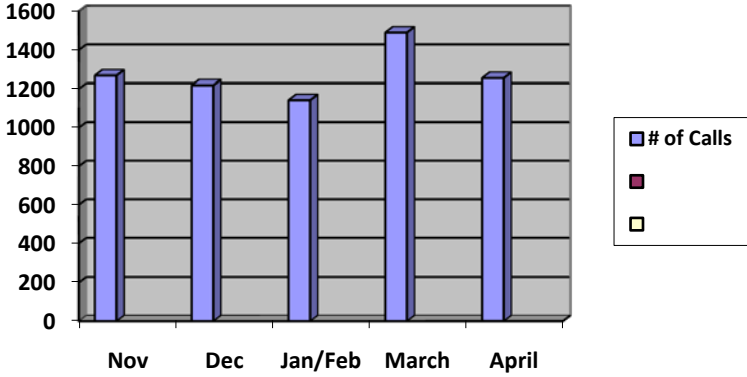
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	<p>Percentages from last report as of January 4, 2010 – 75% were in compliance.</p> <p>Discussions ensued regarding what measures to take against providers to ensure that the percentages remain constant and obtain goal of 100%.</p> <p>The following were discussed:</p> <ol style="list-style-type: none"> 1. Look at providers and determine if Plans of Corrections are needed for providers who do not comply. 2. Offer more First Responder Training 3. Offer more education on First responder duties 4. Providers need to educate the consumers of how to contact the First Responder at their agencies <p><u>QIP: Hospital Discharge Follow-Up</u> Currently the LME is still on plan of correction – why? The LME has met the requirements. Ms. Powell reported she will check with Division Liaison to see if we are off of the POC.</p> <p><u>Revised Project Members to include:</u> Michael Covington, Melodie Parsons, Sylvia Bazal and Kent Smith.</p> <p><u>Revised Goal:</u> Per State FY Goal, no less than 70% of persons discharged from state psychiatric hospitals of ADATC will receive a follow up appt. within 7 days post discharge.</p> <p><u>Measures Met:</u> As of 5/25/2010 – the LME performance indicators released on 3/11/2010 (2nd Quarter), the LME percentage of individuals who received a follow up appt. within 7 days was 45% and 57% respectively. The statewide goal is 35%.</p> <p>Even though the goal has been met for the QIP – the Committee has agreed to continue to measure hospital follow up and will continue to streamline LME paper work process to ensure that all claims are submitted for billing. And, continue to offer technical assistance to providers in submitting hospital follow up claims.</p> <p><u>QIP: Timely Access to Routine Care</u> <u>Goal:</u> 80% of persons eligible for routine services receive the first face to face service within 10 working days of the date of request for care.</p>			

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	<p>Baseline 7/17/09 – # of provided appointment within 14 calendar days: 40.1% (407 appointments)</p> <p>4/20/2010 - # of provided appointment within 14 calendar days: 87% (975 appointments)</p> <p>The LME continues to “bridge appointments” for consumers where provider agency appointments were not available.</p> <p>Action: QIP has been met – but the Committee agreed to run this QIP one more quarter to see how data evolves.</p> <p><u>QIP: Crisis Utilization</u> <u>Goal:</u> 100% of all IPRS services rendered in the AC LME crisis unit will receive a valid target population for 4 quarters.</p> <p><u>Question: Is the 100% realistic?</u> Answer: Yes</p> <p><u>Measurement:</u></p> <ul style="list-style-type: none"> • 2nd Quarter – 0 failed claims • 3rd Quarter – 16 failed claims due to no target pops completed. <p><u>QIP: Provider Compliance with Quarterly Reporting</u> This is a new QIP implemented in February 2010.</p> <p><u>Goal:</u> 80% of all provider agencies with AC LME will comply with the requirements to send in quarterly reports.</p> <p><u>Measurement:</u> 2/23/2010 – 15% of providers were in compliance with quarterly reporting. 5/3/2010 – 23% of providers were in compliance with quarterly reporting.</p> <p>Will continue to implement strategies and continue provider orientation and provider forum to educate providers.</p> <p><u>QIP: Administrative Denials – this is a new proposed QIP</u> <u>Goal:</u> To maintain a 3 to 1 ratio of clinical to administrative denials.</p>			

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	<p>The population affected by this QIP is consumers receiving services through state funding (IPRS) and the providers who render those services. When administrative issues that lead to denials are reduced, consumers & providers are able to maintain consistency of care.</p> <p>Action: New QIP was approved effective 5/25/2010.</p> <p><u>Incident Reports</u> – New IRIS system will go live on May 1, 2010. All providers must begin to use the new system effective July 1, 2010. We have developed and scheduled trainings to occur for providers.</p> <table border="1" data-bbox="348 537 940 672"> <thead> <tr> <th>Incident</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Neglect & Abuse</td> <td>2</td> </tr> <tr> <td>Deaths</td> <td>2 Level III</td> </tr> <tr> <td>Other</td> <td>15</td> </tr> </tbody> </table> <p><u>Quarterly Incident Reports -</u></p> <p>Ms. Docimo reported the following incidents were reported for the 3rd Quarter (Jan, February, and March).</p> <table border="1" data-bbox="348 898 1236 964"> <thead> <tr> <th>Level 2</th> <th>Level 3</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>46</td> <td>3</td> <td>49</td> </tr> </tbody> </table> <p>We continue to see a decrease in the number of incidents due to Rockingham County not a part of the LME reporting system.</p> <p><u>Trends:</u> Individual had 2 Level II incidents of aggressive behavior. One of the incidents led to an injury beyond first aid. The team working with individual is working to stabilize the aggressive outbursts. Additional supports have been added to maintain safety & address needs. Will continue to monitor & evaluate for any needed changes.</p> <p>Program had two consumers that were hospitalized: one was medication overdose and one was a suicide attempt. Program staff worked with professional, family & treatment service team to effectively manage the situation. Program staff contacted all appropriate professionals & staff as provided by releases of information to plan for discharge. Both consumers were discharged from the hospital & one was referred</p>	Incident	Number	Neglect & Abuse	2	Deaths	2 Level III	Other	15	Level 2	Level 3	Total	46	3	49			
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	<p>back to this program and other to an inpatient provider</p> <p><u>Quarterly Complaint Report – 2nd Quarter (October – December).</u></p> <table border="1" data-bbox="348 316 1236 511"> <tr> <td>Total number of complaints received by LME for Quarter</td> <td>10</td> </tr> <tr> <td>Total number of complaints by or on behalf of a consumer</td> <td>6</td> </tr> <tr> <td>Total number of complaints not by or on behalf of a consumer</td> <td>4</td> </tr> </table> <p><u>Analyses:</u> 50% of the complaints were regarding CST services and/or providers of CST. The LME will work with the providers and consumers to understand the service definition and encourage providers to attend CST Training.</p> <p><u>Provider Monitoring Reports –</u> Ms. Docimo reported only one provider agency was scheduled for full monitoring. Just In Time – POC was issued in March 2010.</p> <p><u>POC Follow Up –</u></p> <p><u>New Dimensions</u> – POC issued on 5/11/2010 – partial POC due to personnel documentation.</p> <p><u>Youth Train Ventures</u> - Recommendations made at the last meeting to involuntary withdraw Day Treatment for provider. Provider decided to merge with two companies and neither one occurred. Provider submitted request to close the office.</p> <p>Action: NEA letter was forwarded to provider to withdraw Day Treatment Services.</p> <p><u>Provider Endorsement –</u> Ms. Docimo reported the following for 3/23 - 5/24 for providers who were fully endorsed. They are as follows:</p> <table border="1" data-bbox="348 1347 1236 1414"> <thead> <tr> <th>Provider Name</th> <th>Service</th> </tr> </thead> <tbody> <tr> <td>Easter Seals UCP</td> <td>MST</td> </tr> </tbody> </table>	Total number of complaints received by LME for Quarter	10	Total number of complaints by or on behalf of a consumer	6	Total number of complaints not by or on behalf of a consumer	4	Provider Name	Service	Easter Seals UCP	MST			
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	<p><u>60-Day Follow Up Visits –</u></p> <table border="1" data-bbox="348 248 1230 313"> <thead> <tr> <th>Provider</th> <th>FEM Completed</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>Easter Seals UCP</td> <td>5/25/2010 IIH & CST</td> <td>No POC</td> </tr> </tbody> </table> <p><u>Residential Accreditation Benchmarks –</u> Will have full report at the next meeting. The majority of residential providers have achieved 1yr. to 3 yr. accreditation.</p> <p><u>Provider Compliance Reports –</u> No report this month.</p> <p><u>Appeals Report –</u> (January – April) 8 appeals have been completed – (5) CST; (3) Other various services; none were returned. Peer Reviews will be done for next meeting.</p> <p><u>Finance Report –</u> Ms. Andrews reported continue to work on new contracts for the next fiscal year. IPRS allocations will be the same as last year until the new budget has been approved.</p> <p><u>IT Report –</u> Ms. Arrwood reported the IT Department continues to work with consultants to get systems updated. Currently working on backing up systems. Will work on efficiency and will be able to retrieve data for departments. Working on schedule to roll out new computers to all staff and will schedule weekly trainings.</p> <p><u>UM/STR Reports –</u> Ms. Gordon reported the following Call Data information:</p> <table border="1" data-bbox="348 1179 1182 1446"> <thead> <tr> <th>Month</th> <th>Total # of Calls</th> <th>Aband Calls</th> <th>Missed Calls</th> <th>Crisis Calls</th> </tr> </thead> <tbody> <tr> <td>November</td> <td>1268</td> <td>5 %</td> <td></td> <td></td> </tr> <tr> <td>December</td> <td>1218</td> <td>2.38%</td> <td></td> <td></td> </tr> <tr> <td>Jan/Feb</td> <td>1142</td> <td>5.2%</td> <td></td> <td></td> </tr> <tr> <td>March with After Hours</td> <td>1490</td> <td>3.2%</td> <td>47</td> <td>.2%</td> </tr> <tr> <td>April</td> <td>1255</td> <td>4.2%</td> <td>73</td> <td>.96%</td> </tr> </tbody> </table>	Provider	FEM Completed	Outcome	Easter Seals UCP	5/25/2010 IIH & CST	No POC	Month	Total # of Calls	Aband Calls	Missed Calls	Crisis Calls	November	1268	5 %			December	1218	2.38%			Jan/Feb	1142	5.2%			March with After Hours	1490	3.2%	47	.2%	April	1255	4.2%	73	.96%			
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	 <p data-bbox="344 688 1228 911"> UM Audits – Ms. Gordon reported Joynetta Foster & Melodie Parsons will complete audits for 1st Quarter. Discussion ensued regarding the % of charts that have to be audited. Currently the amount is 10% that have to be audited out of approx. 7000 charts, which makes it 700 to be audited. The 10% is not documented anywhere. Action: Dr. Holding agreed that 3.5% is a good number to sample and audit. The Committee agreed and approved the change from 10% to 3.5% </p> <p data-bbox="344 943 1228 1133"> Care Coordination – Ms. Powell discussed the upcoming Consumer Satisfaction Survey and Provider Survey. Both drafts were distributed and discussed. David Sykes, LME DD Coordinator will be the lead person for both surveys and Joanne Melton will be the data person. Action: Both surveys were approved by the committee. </p> <p data-bbox="344 1166 1228 1263"> Human Resources – Vacant position has been filled for Provider Specialist. HIPAA Training & Blood Borne Pathogens training will begin for staff. Continue to work on job descriptions for staff. </p> <p data-bbox="344 1295 1228 1481"> Regulatory Compliance Committee – Committee met last week and discussed the core policies. Ms. Andrews reported procedures will be developed for the policies and core committee members have been identified. Action: Regulatory Compliance Program Description was approved by QI/UM Committee effective 5/25/2010. </p>			

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Quality Improvement Projects	Ms. Meacham reported QIP's will be discussed and reported quarterly. All new QIP's have been identified and approved above. Data will be reported quarterly (April, August, December)			Open
Marketing Materials	<p>Ms. Meacham reported on the following Marketing Materials:</p> <p><u>Consumer Handbook</u> - grievance policy has been added to consumer handbook.</p> <p><u>Consumer Handbook (Spanish Version)</u> – version has been developed in color the same as English version. Quotes have been obtained from printing company. Action: Committee approved new Spanish version to be printed.</p> <p><u>Quarterly Newsletter</u> – Committee members discussed the newsletter articles for the newsletter. Several changes were made to articles and some deleted. Ms. Cyndi Ziller will formulate article regarding SA for Women. Action: All articles will be forwarded to Lynn Inman to send to newspaper to be typeset. Approval was made to translate newsletter in Spanish as well. Articles will be forwarded to Cassandra May to translate.</p>	Next Steps: See action		Open
URAC Policies & Procedures	<p>The following policies & procedures were discussed:</p> <p><u>Quality Management Program Description</u> – Changes made to program description were deleted penetration/prevalence rates and increased the target percentages for Timely Access to Care. Action: Committee approved program description effective 5/25/2010.</p> <p><u>AC LME Delegation Program Description 2010</u> – This is a new program description. Committee members reviewed and made minor changes to program. Action: Committee approved program description with minor changes effective 5/25/2010.</p>			Closed

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	The following policies were discussed and approved as follows:					
	Policy Number	Name of Policy	Status/Approval			
QI.011	Policy & Procedure Maintenance, Review & Approval	Discussed policy – agreed that Selena Clinkscales will be the keeper of the policies/procedures. Approved 5/25/2010				
HR.008	Senior Clinical Staff Requirements & Responsibilities	Reviewed policy and added on pg.1 under Procedure letter C – to add #4. Job Description for Medical Director. Approved with changes 5/25/2010				
UM.012	Accessibility of Review Services	Reviewed policy and changed Procedure Letter A, #2 – take out home offices and change to off-site locations. Approved with minor change 5/25/2010				
UM.018	Initial Screening	Reviewed policy and agreed to change Access Coordinators to Non-Clinical Administrative Staff. Approved with minor change 5/25/2010				
QI.012	Inter-Departmental Coordination	Reviewed policy and made minor spelling changes. Approved with minor changes				

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	QI.013	Review of Marketing and Sales Materials	5/25/2010 Reviewed policy and made minor grammar change. Approved with minor change 5/25/2010			
	UM.014	Initial Clinical Review	Retired UM.015 & UM.016 were folded into UM.014. Approved 5/25/2010			
	UM.017	Review Criteria Requirements	Approved w/minor change 5/25/2010			
	UM.015 & UM.016 were retired and folded together in UM.014 – Committee members agreed to retire UM. 15 & UM.16.					
Next Meeting:	Due to amount of policies/procedures that need to be approved. Next meeting: June 8th @ 9am June 22nd @ 10am					Closed

Respectfully Submitted By:

_____ Date _____
 Carmen Morrow