

**EASTPOINTE**  
**LOCAL BUSINESS PLAN**



**2007-2010**

March 28, 2007

TO WHOM IT MAY CONCERN:

Attached is a copy of the DRAFT local business plan for Eastpointe Human Services. Over the past three years Eastpointe has evolved into a full Local Management Entity (LME). Eastpointe combined four counties to serve a population of 293,000. The mission for Eastpointe is to work with consumers, families, providers, and the communities to manage and continually improve a behavioral healthcare system that insures accessibility, accountability and empowerment of people to achieve valued outcomes.

In developing the local business plan for the next three years Eastpointe held several community stakeholder meetings to include the County Managers, DSS Directors, Health Department Directors, Smart Start Directors, the Judicial System, Sheriff Departments, the four county hospital CEOs, the Cherry Hospital Director, Caswell Center Director, Walter B. Jones Center Director, CFAC, NAMI, the Mental Health Association, Eastpointe Staff, and the community of approximately 130 providers. The meeting began with a presentation to explain the role of the LME and its major functions including Governance, Access, Utilization Management, Care Coordination, Customer Service, Finance, Information Management, Provider Relations and Quality Assurance/Improvement. After the presentation Eastpointe requested feedback on what improvements could be made to the local system. The primary concerns included the following:

- The need for more intensive Mental Health and Substance Abuse Services
- Clients and stakeholders not understanding how to access the new system
- Discharging clients from hospitals to rest homes
- Alternatives to State Psychiatric Hospitalization
- Communication among providers to create a sense of a one-stop-shop
- Placing children into residential services outside of the counties
- Alternatives to residential placement for children
- Speedier access to treatment options (provider community capacity)
- The need for a presence in the local hospital for emergencies
- Time to process involuntary commitments
- Training and support of law enforcement relating to mental health crisis
- Making private providers more accountable
- Translators for non-English speaking clients
- Services for National Guard veterans and families

These among other concerns will be addressed in the three year Local Business Plan which covers the period of July 1, 2007 thru June 30, 2010. The Local Business Plan is broken into major functions of the LME. Within each function is a mission statement, description of operations, state cost model comparison to local cost model, objectives and strategies, and business rules that either enhance or inhibit our current LME in providing quality care.

During the month of February the Director met with the county commissioners and made them aware of the local business planning process and of the stakeholder's primary concerns. The Director routinely met with CFAC to get input and discuss the objectives and strategies for the next three years. On February 22<sup>nd</sup> Eastpointe posted the Local Business Plan on the website for stakeholders review and comment. On February 27<sup>th</sup> Eastpointe's Board assigned the task of reviewing the Local Business Plan to the Policy Committee. The Policy Committee met on four different dates to review and make suggestions to the content of the plan. On March 27<sup>th</sup> the plan was reviewed and recommended to the Board for approval. Eastpointe is presently in the process of obtaining signatures from all sets of county commissioners. The plan will be submitted to the Secretary of North Carolina Division of Health and Human Services by March 31<sup>st</sup>. The Local Business Plan is located on Eastpointe's website at [www.eastpointe.net](http://www.eastpointe.net). Please contact Ken Jones at 919-587-0378 if you have questions or concerns.

**#1**  
**Governance and Administration**

**Mission:**

To collaborate with stakeholders within the community to develop a system of care to serve persons with mental illness, developmental disabilities and substance abuse problems using evidenced based practices.

**Purchaser Standards:**

Eastpointe is guided by and complies with all applicable local, state, and federal rules, mandates, and law, including, but not limited to those outlined in the Local Business Plan.

**Current Operations:**

Eastpointe is an LME that serves Duplin, Lenoir, Sampson and Wayne counties. The total population served is 293,000 and the service area covers 2,716 square miles. Eastpointe was established in July of 2003 when Duplin-Sampson-Lenoir Mental Health merged with Wayne County Mental Health. The official title of the organization is Eastpointe Human Services, doing business as Eastpointe.

Eastpointe's mission statement is as follows, "Eastpointe, in collaboration with consumers, families, providers, and communities, will work together in managing and continually improving a behavioral healthcare system that insures accessibility, accountability and empowerment of people to achieve valued outcomes."

**BOARD**

The Board:

1. engages in the comprehensive planning, budgeting, implementing, and monitoring of community-based mental health, developmental disabilities and substance abuse services;
2. ensures that a comprehensive set of services is available to the clients in the catchment area. Eastpointe's policy is to assure the existence of a qualified provider network which is culturally diverse. Members of the network will be representative of the full array of services, supportive of person centered plans, competent to treat consumers with co-occurring disorders, and compliant with federal and state guidelines;
3. approves plans and budgets for Eastpointe. Eastpointe submits the approved budget to the boards of county commissioners and the county managers and provides quarterly reports on the financial status of the organization;
4. assures that the services provided meet the rules of the North Carolina Secretary of Health and Human Services and the North Carolina Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services, hereinafter referred to as "Secretary" and "Commission," respectively;
5. ensures compliance with local, state and federal requirements;
6. appoints a director in accordance with G.S. 122C-121(d). The appointment is subject to the approval of the boards of county commissioners except that one or more boards of county commissioners may waive its authority to approve the appointment;
7. develops and submits to the Boards of county commissioners for approval the Local Business Plan required under G.S. 122C-115.2;
8. develops good public relations and community advocacy functions;
9. ensures submission of quarterly performance reports to the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, hereinafter referred to as the "Division." The reports will include an assessment of the progress in implementing the Local Business Plan, goals, and outcomes;
10. ensures compliance with rules adopted by the Secretary for the development, submission of and compliance with the Local Business Plan;
11. ensures monitoring of local, state, and federal resources including applicable facilities.

The Board consists of fifteen (15) members: three each from Duplin, Sampson and Lenoir counties and six from Wayne County. These appointments include one county commissioner from each county. The Board has four county commissioners, one county manager, one community college instructor, two education specialist, one medical doctor (MD), one retired psychiatric nurse, five consumers and/or family members of consumers. All three disabilities are represented on the Board. The composition of the Board complies with

legislation S.L. 2006-142.

The officers of the Board include a chairperson and a vice-chairperson. The Administrative Assistant to the Director serves as the Board Secretary. Officers are elected annually and serve from January through December. The chairperson is responsible for appointing the Finance Committee, the Client Rights Committee and the Policy Committee. With the exception of the nominating committee, the chairperson is an ex officio member of all committees. The chairperson presides over all Board meetings, is authorized to sign all legal documents on behalf of the Board, and performs other duties as directed by the Board.

The Board meets on the 4<sup>th</sup> Tuesday of every month at a designated place. Board members receive a \$20 honorarium and mileage for attending Board and committee meetings. Minutes of the meeting are posted on the Eastpointe website after they are approved by the Board.

#### FINANCE COMMITTEE

The Finance Committee meets on a monthly basis to review the financial strength of Eastpointe. The Finance Committee includes two of the four county finance officers, one county manager, a community college finance officer, and four Board members. This committee meets on a monthly basis. Monthly reports include a Statement of Revenues and Expenditures. The Finance Committee recommends to the Board budgetary items of business, the salary schedule, and the use of fund balance. A financial report is presented twice yearly to the four respective county boards of commissioners.

#### CLIENT RIGHTS COMMITTEE

The Client Rights Committee (CRC) is composed of five (5) Board members and seven (7) members from the community. The three disabilities (MH/DD/SAS) are represented on the committee and include representation from each of the four (4) counties, along with paraprofessional and professionals who have expertise in client rights issues. The committee meets monthly. Follow-up reports are presented to the Board that includes seclusion, restraint, and isolation time-out, and other operating procedures. The CRC serves as Eastpointe's Behavior Intervention Advisory Committee.

The CRC:

1. bears ultimate responsibility for the assurance of client rights;
2. reviews alleged violations of the rights of individuals or groups, including alleged abuse, neglect or exploitation;
3. reviews client grievances;
4. reviews concerns regarding the use of restrictive procedures;
5. reviews the failure to receive needed services that are available through Eastpointe.

#### POLICY COMMITTEE

The Cost Model supports 50% of a Policy Analyst and 50% of a QI Director. Management chose to combine the two functions into one position. Eastpointe develops policies that promote effective and efficient operation of the agency according to federal and state regulations and that are in compliance with Evidenced Based Practices (EBP). Eastpointe's policy is organized by Cost Model functions.

The Policy and Procedure Committee comprised entirely of Board members, meets monthly to make additions/revisions to policies that govern management of the LME. Recommendations of the committee are presented to the Board for final approval. All policies are added to the Eastpointe website.

#### CONSUMER AND FAMILY ADVISORY COMMITTEE (CFAC)

In accordance with system reform, Eastpointe is mandated to have an active CFAC, which meets monthly. The purpose of the committee is to ensure meaningful participation by consumers and families in enhancing the development and delivery of mental health, developmental disabilities, and substance abuse services in the Eastpointe catchment area. This goal is accomplished by representation at stakeholders meetings, attendance at the weekly Leadership Team meetings, and attendance at the Board meetings, at which time a report is given by the CFAC chair or co-chair. The committee is governed by Bylaws adopted by the committee. CFAC has been fully involved in the strategic planning process.

## COUNTY GOVERNMENT

One county commissioner from each county serves on the Board. The commissioners receive monthly Board packets which include financial statements, minutes from previous meetings, personnel report, client rights report, finance committee report, policy report, and CFAC report. The Director meets with the county commissioners to discuss the annual report and financial audit. He also meets with each county manager during the budget process. The Maintenance of Effort (MOE) of \$4.13 per capita is a result of several meetings during the merger of Duplin, Sampson, Lenoir and Wayne counties.

## DIRECTOR

The Director is responsible for administering the programs of Eastpointe and enforcing applicable local, state and federal laws, rules of the Commission and rules of the Secretary. The Director serves as the budget officer and is the administrative head of Eastpointe. The qualifications of the Director meet the requirements of the State Personnel guidelines. The Director and the Leadership Team meet each Monday to discuss current operations. Standard attendance includes two CFAC members, Client Advocate, CFO, UM Director, Access Director, IT Director, Clinical Director, Provider Relations Director, QI Director and Director of System of Care. Strategic planning is also accomplished at this meeting. The Director also serves on committees throughout the communities including, but not limited to, Smart Start, Meth Task Force, Juvenile Crime Prevention Committee, and the Criminal Justice Partnership Program (CJPP).

## CLINICAL DIRECTOR

Eastpointe has a Licensed Ph. D. Psychologist as Clinical Director. The Clinical Director is available for clinical consultation, review of Utilization Management (UM) decisions, and review of non-Medicaid appeals. If there is a need for a psychiatrist to be involved in the appeals process, the Clinical Director will contact one of the Eastpointe psychiatrists for disposition of the appeal. The Clinical Director is also responsible for public relations. The Clinical Director writes a weekly article that is published in the local papers, provides a bi-weekly radio program along with monthly local television spots, and routinely provides training to local stakeholder groups. Topics include, but not limited to, combating stigma related to mental illness. The Clinical Director is the lead grant writer and is coordinating the development of Eastpointe's Crisis Plan. The Clinical Director represents Eastpointe on several local human service boards.

## LEGAL SERVICES

Eastpointe has a contract with The Charleston Group to provide legal services. The Charleston Group reviews policies and attends all Board meetings. If requested, The Charleston Group is available for Board training.

## STRATEGIC PLANNING

Eastpointe will continue to monitor and develop a strategic plan with input from stakeholders. The plan will promote Evidenced Based Practices across all functions of the LME. The strategic plan will be reviewed weekly by the Leadership Team. Minutes of the meeting will be posted on the Eastpointe Intranet for staff review. A report will be given to the stakeholders at the end of each year.

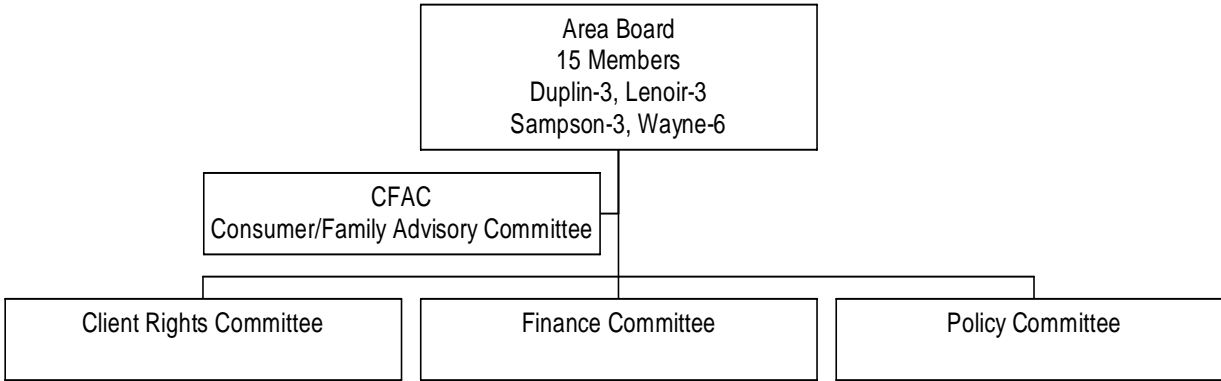
## MEDICAL DOCTORS

Eastpointe continues to maintain two full-time and four contracted Psychiatrists. The Psychiatrists are leased to the community of providers for \$75.00 per hour. The contracted agency is responsible for responding to all emergencies and coordinating aftercare appointments. This arrangement has proven to be a successful for maintaining Psychiatrists in the community.

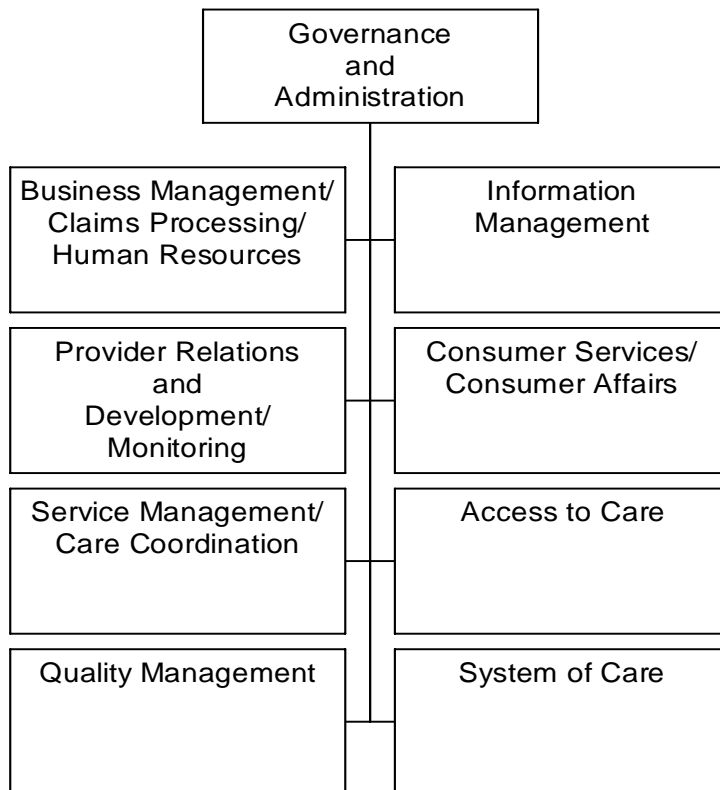
## CALL CENTER

Eastpointe has a call center managed by two receptionists. Clients have access to the call center through local numbers and a toll free number. The emergency 800 number goes directly to the Access Department.

## Eastpointe Governance



## Eastpointe Local Management Entity



**Strategic Objectives:**

Objective	Strategy	Responsible Party	Target Date	Stakeholder Input
1. Ensures that the Board is knowledgeable of the behavioral healthcare system	<ol style="list-style-type: none"> <li>1. Provide annual Board retreat</li> <li>2. Design orientation for new Board members.</li> <li>3. Provide Board training on responsibilities and potential liability</li> </ol>	CEO CEO/Chairperson CEO	Annually 9/2007 8/2007	
2. Secure National Accreditation	<ol style="list-style-type: none"> <li>1. Select accrediting body</li> <li>2. Submit application</li> <li>3. Complete self study</li> <li>4. Conduct onsite review</li> <li>5. Secure accreditation</li> </ol>	Leadership Team Leadership Team Eastpointe Team Eastpointe Team Eastpointe Team	12/2007 9/2008 3/2009 9/2009 2010	
3. Develop systems that support individual empowerment and cultural diversity	<ol style="list-style-type: none"> <li>1. Provide training to all staff in cultural diversity</li> <li>2. Develop recruitment plan to hire and maintain a culturally diverse workforce at all levels</li> <li>3. Provide technical assistance for providers needing a cultural and linguistic competency action plan</li> </ol>	CEO/QI/ HR HR HR	11/2007 1/2008 1/2008	
4. Secure a medical director (need Psychiatrist that is child /adult Board certified)	<ol style="list-style-type: none"> <li>1. Develop relationship with another LME to share medical director</li> <li>2. Participate in process to hire a full time medical director</li> </ol>	CEO CEO	1/2008 7/2008	Contiguous LME Contiguous LME
5. Ensure information required by the performance agreement is submitted to the Division in a timely fashion	<ol style="list-style-type: none"> <li>1. Identify all responsible parties to complete reports</li> <li>2. Assign a backup to the policy analyst to collect and ensure all reports are submitted timely</li> <li>3. Assign a policy analyst to report to the Leadership Team and CFAC on a regularly basis</li> </ol>	Policy Analyst Policy Analyst Policy Analyst	7/2007 7/2007 7/2007	CFAC
6. Maintain a 3 year strategic plan that will include input of community stakeholders	Meet with all stakeholders at least annually	CEO	1/2008 1/2009 1/2010	County Commissioners, County Managers, Health Departments, DSS, Sheriff's department, state and local hospitals, CFAC, Schools and judicial system.

<p>7. The LME and providers comply with state and federal guidelines</p>	<ol style="list-style-type: none"> <li>1. Continue to assign internal and external audits as mandated by rule</li> <li>2. Establish a Corporate Compliance Plan</li> </ol>	<p>CFO, Client Ombudsman, Provider Relations Policy Analyst</p>	<p>On-going  January 2009</p>	
<p>8. Improve public relations through increased community outreach efforts with all stakeholders including public speaking, use of media, advocacy committees and boards</p>	<ol style="list-style-type: none"> <li>1. Conduct public education and training forums</li> <li>2. Engage in the use of media outlets (regular articles in all local papers)</li> <li>3. Participate on advocacy committees and boards</li> <li>4. Accept requests for public speaking engagements</li> </ol>	<p>LME Staff LME Staff  LME Staff  LME Staff</p>	<p>On-going On-going  On-going  On-going</p>	

### **Resource Allocation:**

Eastpointe budgets 5 FTEs for Governance and Administration for a cost of \$446,365 versus the \$477,978 that is allocated in the Cost Model. In the Eastpointe Governance and Administration model, the Policy Analyst position is budgeted as a .5 FTE with the other percent utilized in administrative capacity. The difference in this position results in a favorable variance of \$31,583.

### **Business Rules:**

#### Enhancements:

1. The Division Budget Office has been very helpful with moving funds from Unit Cost Reimbursement (UCR) to non-UCR. The ability to do this during the transition of a direct provider to a manager of services has been invaluable to LME and to providers. Eastpointe has used the non-UCR funding to start-up and maintain programs such as the Family Drug Treatment Court, Substance Abuse Detox, and group homes for women substance abusers.
2. The requirement of a Consumer and Family Advisory Committee (CFAC) has been the method for keeping a strong client voice in the system. Eastpointe has developed a good relationship with the committee. The committee is still evolving and is expected to be a strong voice for ensuring that services are delivered to clients adequately and appropriately.
3. Eastpointe's development, expansion and financial commitment to the provider network have ensured continual care to consumers. The LME commitment to the success of the provider network has enabled the private providers and the LME to forge a bond of commitment that has enabled the consumers to receive uninterrupted high-quality care during times of uncertainty and system reform. The trust and commitment established by these two parties exhibit the mutual dedication to serving the consumers of the LME.

#### Inhibitors:

1. LMEs have lost track of many of the Medicaid clients and services that are being provided to them. Currently there is not a method for sharing service information for Medicaid clients because they are authorized by Value Options. In these cases appropriate decisions about client care cannot be made. Additionally, the community stakeholders really don't know where to go when needing specific information on a Medicaid client.
2. Performance Standards need to be updated. In many cases the provider controls outcomes of the performance standards. Client Data Warehouse (CDW) performance agreement requirements are unrealistic. It is difficult for the LME to know which Medicaid consumers are being served through the LME's catchment area; therefore, the CDW Medicaid consumers may never get entered through the CDW. Eastpointe is concerned regarding the accuracy of the quarterly access report that is submitted to Best Practice and Community Innovations Team and documents the LME's compliance with Emergent/Urgent/Routine guidelines.
3. The LMEs need clearer statute and protection from elimination of LME functions.

## Business Management and Information Management

### **Mission:**

The mission of the Business and Information Management Department is to ensure and enhance the facilitation of a comprehensive system of care through maximizing and safeguarding financial resources and providing and managing the necessary technology and technical assistance to support the LME and its provider network.

### **Purchaser standards:**

Eastpointe is guided by and complies with all applicable local, state and federal rules including, but not limited to, those outlined in the Local Business Plan Template (Communication Bulletin # 60).

### **Current Operations:**

#### **BUSINESS MANAGEMENT DEPARTMENT**

Eastpointe's Business Office is organized in a manner to facilitate sound fiscal operations throughout the entire LME. The Business office is departmentalized in a manner to provide distinctive oversight of the accounting, reimbursement and human resources functions. In keeping with Generally Accepted Accounting Principles, duties are divided to ensure safeguarding of assets in accordance with the Business Office Policy Manual. The Operations Policy Manual (OPM) includes, but is not limited to, the following responsibilities: administration and enforcement of all federal and state financial aid rules, budgeting guidelines, revenue tracking, risk management, cash management for federal and state funding, purchasing, contract administration, payroll administration, audit requirements, and payables protocol.

#### **ACCOUNTING SECTION**

The accounting function is supervised by a senior level accountant who oversees the accounts payable, payroll, general ledger and contracts management. The senior accountant is also responsible for the annual audit, investments and the cost finding process. The senior accountant also provides reports on an as needed basis for the Board, Finance Committee, CEO, CFO and other stakeholders of the organization. The senior accountant is responsible for audit review and monitoring of sub-recipients as related to financial matters. The accounts payable function is charged with ensuring that all Eastpointe expenses are accurately paid in a timely manner, and facilitates Eastpointe's ability to maximize interest earnings from invested monies. The accounts payable function involves payments that are routine and typical of business operations as well as ensuring that service provision contracts are reimbursed in an accurate and timely manner. The accountant is charged with complying with the prompt payment provisions of the standardized contract and notifying providers of any issues regarding payment for services provided. The payroll function for Eastpointe is an in-house activity performed by one full-time bookkeeper. In addition to the traditional payroll function, the accountant is also intimately involved in the administration of the employee benefits program and operates the LME's time management software to document time worked and leave taken. The accounting section is also responsible for tracking of the LME administrative funding to ensure appropriate utilization and compliance. This is accomplished via the monthly LME Cost Report and tracking of Skilled Professional Medical Personnel (SPMP) dollars versus fifty percent participation funding. Contracts management duties are performed by a staff member who is also responsible for the reimbursement analysis activities of the department. These combined duties ensure that Eastpointe's service provider contracts are continuously updated and that there is a cohesive relationship between the provider agencies, the Business Department and the Provider Relations Department.

#### **HUMAN RESOURCES**

The human resources section is managed by two full-time positions. One position focuses solely upon recruitment of new personnel as well as retention of existing employees. Additionally, this individual assumes responsibility for advising the CEO and/or CFO on matters concerning wage setting for salaries; disciplinary action for existing staff and other functions deemed appropriate. This employee is responsible for the development of job descriptions that are consistent with the Cost Model/LME requirements and ensures that clinical and quality elements are included. The employee in this position will act in an advisory capacity to other

management staff of Eastpointe to ensure that staff development/training occurs at all levels. The other human resources position is responsible for maintaining accurate staff benefits and interacting with payroll administration to ensure that all benefits and deductions are properly handled. This staff person is also responsible for solving problems pertinent to separating or former employees. Both of these staff report directly to the Chief Financial Officer of the LME.

### REIMBURSEMENT

The reimbursement function of the LME is one of the most critical and visible elements of the organization. The department is currently managed by a Reimbursement Officer and supported by six claims clerks. The essence of the section is the processing of IPRS reimbursement claims. Claims are submitted to the LME through the online CareLink system. This web-based electronic data system allows service providers the opportunity to electronically submit requests for authorization, claims adjudication and other information that may be necessary to expedite the reimbursement process. The current number of FTEs in the reimbursement section exceeds the Cost Model recommendations because of the continued high number of claims that require adjustment due to provider errors. In order to improve performance in this area and increase the percentage of clean claims submitted to the LME, Eastpointe has implemented the services of a Reimbursement Analyst. This individual works with providers on a one-on-one basis to improve provider submissions. In addition to these duties, the analyst also serves with the monitoring team to assist in the assessment of provider activities, especially as they relate to reimbursable events and activities. Eastpointe is committed to its provider network to ensure their financial stability while at the same time safeguarding and maximizing the resources of the LME. Eastpointe conducts regularly scheduled provider meetings to allow providers the opportunity to offer input into the reimbursement processes. Eastpointe assists providers in obtaining Medicaid reimbursement for those services that are not eligible for direct billing. Eastpointe also requires providers to meet all other reimbursement provisions as set forth through state, federal or local guidelines. Eastpointe is in compliance with all of the guidelines and provisions as set forth in the Performance Contract, e.g., prompt payment guidelines.

### INFORMATION MANAGEMENT DEPARTMENT

The Information Management (IM) Department staffs 6 FTEs that include the following positions:

- Program Director
- Administrative Assistant
- Systems Administrator
- Database Developer/Report Writer
- Computer Technician
- CDW Specialist

The Information Management Department within the LME is responsible for making sure that the LME and its provider network has the technical resources available to communicate effectively and efficiently. The main functions of this department include the items listed below:

### NETWORK MANAGEMENT, SUPPORT AND DATA EXCHANGE

The IM section manages the Wide Area Network (WAN) for the LME. The network covers a span of 3 separate locations (Beulaville, Goldsboro and Kinston) that provide data and phone communication between the sites. IM staff are responsible for keeping the hardware functional 24 hours a day. The department establishes users and user roles on the network, sets up e-mail accounts, maintains backups, administers spam blocker software, manages firewall setup and support, and corrects communication issues externally and internally.

IM department maintains the security standards needed to abide by Health Insurance Portability and Accountability Act (HIPAA), monitors all network logs for any for any intrusive hackers, and monitors logs of network users to ensure proper use of data.

### VOICE OVER INTERNET PROTOCOL

The LME phone system is managed by the IM Department. Eastpointe utilizes Internet Protocol (IP) telephony that allows the LME to provide a 24/7/365 system to accept calls from consumers. Staff members within the IM Department are on call 24 hours a day to provide technical support for any issues that may arise with the phone system.

### HARDWARE AND SOFTWARE SUPPORT AND MAINTENANCE

The IM Department is responsible for managing the hardware and software needed for the LME staff to perform their job functions. IM staff is responsible for insuring that all hardware and software work properly. Hardware and software updates are made as needed. Inventory of hardware and software within the LME is also maintained.

### CLIENT DATA WAREHOUSE (CDW)

The IM Department is responsible for making sure that all required Client Data Warehouse (CDW) data is collected from the LME provider network. A CDW Specialist is responsible for tracking needed data from providers in order to make sure it is submitted to the Division's CDW. On a weekly basis, the CDW Specialist compiles and reviews all data before it is submitted to the Division. The CDW Specialist reviews all error reports that are returned from the CDW and makes the needed corrections for resubmission. All CDW data is captured within the LME's local software system called the Avatar MSO/HSIS system.

### CUSTOM REPORT WRITING AND DATABASE DEVELOPMENT

The IM Department is responsible for creating and maintaining all required databases needed for data collection for the LME functions and to collect data from providers. Any required data collection needed from providers is captured through electronic forms via the Eastpointe website. All internal data collection is captured through Microsoft Access or programmed within the Avatar MSO/HSIS system. The Avatar MSO/HSIS system is used to house all client demographic information, authorization information, billing information, screenings, care coordination, provider network and customer service information.

All reporting is done via MS Access or via Crystal Reports software. All ad-hoc reports needed via the Avatar MSO/HSIS system can be generated by the IM Department or the LME Data Analyst. Any reports that need to be generated on an on-going basis are included as an option in the Avatar MSO/HSIS system which allows access to appropriate users.

Reporting on IPRS data is produced by a Data Analyst or an IM staff member. All monthly reporting that is produced by the Division is downloaded and submitted to appropriate staff within the LME by the IM Department. Any data needed for reporting state performance requirements are developed and maintained through the IM Department.

### PRELIMINARY DATA ANALYSIS

Any reports generated within the LME are reviewed and approved by the IM Department before being released to other staff or to the public to ensure accurate data is being reported.

### WEBSITE DEVELOPMENT AND MAINTENANCE

The IM Department develops and maintains the current Eastpointe website ([www.eastpointe.net](http://www.eastpointe.net)). The IM Department works with all departments of the LME to ensure that the most current information is available to staff, consumers, providers and stakeholders.

### TECHNICAL SUPPORT AND TRAINING FOR THE PROVIDER NETWORK

The IM Department also provides technical support for providers that need assistance in communicating with the LME. Currently, the provider network utilizes the web-based CareLink system that allows the providers to submit authorization requests, Admission Assessments, Person Centered Plans, IPRS Target Population information and billing to the LME. The IM section is responsible for the security of this system and for setting

up all users ID's and passwords for providers. Any issues related to communication problems are reporting to the IM section for resolution.

The IM Department provides on site training to providers on the use of the electronic IPRS Target Population Matrix, the web-based North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS) system and review of the Eastpointe website.

**Strategic Objectives:**

Objective	Strategy	Responsible Party	Target Date	Stakeholder Input
<p>1. Maintain the financial viability of Eastpointe while ensuring compliance with Department/Division financial and administrative mandates</p>	<p>1. Address IPRS issues and share reports with the Utilization Team weekly to report what has been expended from the various IPRS budget</p> <p>2. Develop a system of measurability for authorizations that have been incurred and not billed (IBNR reports)</p> <p>3. Conduct onsite assessment and technical assistance for service providers to ensure a full understanding of billing requirements and that billing is occurring on a regular basis</p>	<p>CFO</p> <p>CFO/UM/IM/QI Reimbursement Officer Reimbursement Analyst Data Analyst</p> <p>NetSmart/IM/UM Data Analyst/CFO Reimbursement Analyst/IM Provider Relations</p>	<p>6/2007</p> <p>1/2008</p> <p>5/2007</p>	
<p>2. Improve the reimbursement/billing payment function to ensure weekly billing and biweekly provider payment</p>	<p>1. Continue assessment of the current Eastpointe reimbursement system to determine the functionality and the feasibility of the objective</p> <p>2. Document activities pertaining to system processing requirements as well as the requirements placed upon service providers for system access and data input</p> <p>3. Evaluate assessment of personnel abilities/functions to work within the reimbursement system and subsequent skill set maximization following assessments</p>	<p>CFO/IM Service Management NetSmart</p> <p>CFO Reimbursement Analyst Data Analyst</p> <p>CFO Reimbursement Officer</p>	<p>Ongoing</p> <p>Ongoing</p> <p>7/2007</p>	
<p>4. Based on gap analysis and stakeholder input, Eastpointe will provide startup funds for providers in need of IPRS funding to establish and/or enhance service delivery in the catchment area. Funding will support those services that are currently being under-supplied</p>	<p>1. Transfer UCR funds to non-UCR funds for provider startup purposes for services identified in GAP analysis (Expand in areas of EBP)</p> <p>2. Work with Finance committee to identify funds that can be used</p> <p>3. Identify money for sustainability</p>	<p>CFO</p> <p>Finance Committee</p> <p>CEO/CFO</p>	<p>1/2008</p> <p>1/2008</p> <p>1/2008</p>	

<p>5. Determine feasibility of single source payment streams and authorization of a 1915B waiver for Eastpointe</p>	<ol style="list-style-type: none"> <li>1. Lobby the Division/Department for permission to implement a 1915B waiver</li> <li>2. Determine the requirements of implementation and subsequent pitfalls through a cooperative/ collaborate effort with Piedmont</li> <li>3. Explore feasibility of the necessity of long-term relationship with experienced consultant</li> <li>4. Develop relationship with CMS</li> <li>5. Develop IM capacity</li> <li>6. Establish timelines, critical paths and potential problems by project management</li> </ol>	<p>CEO/CFO Provider Relations staff  IM  CFO IM CEO/CFO/IM</p>	<p>7/2010 7/2010  7/2010  7/2010 7/2010 7/2010</p>	
<p>6. Streamline hiring process for potential LME staff</p>	<ol style="list-style-type: none"> <li>1. Access current procedure or lack of procedure to determine needs</li> <li>2. Implement procedures that dictate and give a timeline for the hiring process</li> <li>3. Develop a policy regarding the qualifications of staff hired (objectivity)</li> </ol>	<p>CFO/CEO  CFO/HR  CFO/Policy Committee</p>	<p>7/2007  7/2007  7/2007</p>	
<p>7. Improve recruitment/retention of current employees</p>	<ol style="list-style-type: none"> <li>1. Implement post- retirement healthcare benefits</li> <li>2. Approve a salary plan that is fair and competitive in the marketplace</li> <li>3. Offer educational incentives to ensure utilization of SPMP</li> <li>4. Ensure all staff are trained in ethnic competency</li> <li>5. Develop relationship with major universities and/or local community colleges to recruit staff</li> <li>6. Increase interaction and recruitment activities with minority universities to ensure recruitment of a culturally diverse workforce</li> </ol>	<p>CEO/CFO/ LME Board CFO/Finance Committee CEO/CFO  HR Staff  CEO/CFO  HR Staff</p>	<p>7/2007 Ongoing 7/2007 7/2007 7/2008  Ongoing</p>	
<p>8. Purchase and install the same operating systems and MS Office products on all LME computers</p>	<ol style="list-style-type: none"> <li>1. Purchase the licensing needed to update all computers on same Windows platform</li> <li>2. Establish a server based software system in which all staff utilizes the same versions of software</li> </ol>	<p>IM/CFO  IM</p>	<p>7/2008  7/2008</p>	

<p>9. Purchase and setup laptops for all LME staff that travel outside the agency. Example: monitoring staff</p>	<ol style="list-style-type: none"> <li>1. Purchase laptops for staff that are in need of traveling</li> <li>2. Setup and install laptops for staff</li> </ol>	<p>IM/CFO IM</p>	<p>1/2008 1/2008</p>	
<p>10. Establish and implement an updated website that will allow the LME Provider Relations Department to update the provider network information electronically and post to the web. This will allow staff, consumers and providers to electronically review and filter provider information based on the needs of consumers</p>	<ol style="list-style-type: none"> <li>1. Develop the website</li> <li>2. Establish cutoff date to move to new website</li> <li>3. Communicate with providers on establishment of new website and train on where to locate information</li> </ol>	<p>IM IM  Provider Relations</p>	<p>3/2007 3/2007  Training for providers: ongoing</p>	<p>Consumers/Providers</p>
<p>11. Establish a system that will show the encumbrance of authorizations versus billing. Also, to allow the Service Management Director to ensure that all state funded dollars are authorized effectively within the means of the current budget</p>	<ol style="list-style-type: none"> <li>1. Develop appropriate database collection mechanism to capture needed data</li> <li>2. Create reports to collect the data needed</li> <li>3. Train service management staff on how to use the system</li> </ol>	<p>IM  IM  IM/Service Management</p>	<p>7/2008  7/2008  7/2008</p>	
<p>12. Develop an IT System that will electronically allow for the automated lookup of providers at the Access level based on certain provider profile criteria entered within the Avatar MSO/HSIS system for ease of use when determining provider choice with consumers</p>	<ol style="list-style-type: none"> <li>1. Meet with Provider Relations and Access staff to determine the specific lookup information needed in database</li> <li>2. Develop the database</li> <li>3. Implement the database</li> <li>4. Train Access staff on using the database</li> </ol>	<p>Provider Relations/Access/IM  IM IM/Access/Provider Relations IM</p>	<p>1/2009  1/2009 1/2009 1/2009</p>	<p>Providers</p>
<p>13. Develop an electronic system with providers that will allow providers to block sets of time for appointments online and allow Access staff to set up the appointments with providers online</p>	<ol style="list-style-type: none"> <li>1. Work with Access staff and providers to establish blocks of time that can be used to establish appointments for consumers</li> <li>2. Develop web-based system to capture needed appointment data</li> <li>3. Train Access staff, Care Coordinators and providers on using the system</li> </ol>	<p>Access/Providers/IM  IM  Access/IM/ Care Coordinators/ Providers</p>	<p>7/2008  7/2008  7/2008</p>	<p>Providers</p>

14. Establish specifications with the vendor (Netsmart) to incorporate a mechanism into the CareLink system that will determine if services authorized will pay in accordance with the diagnosis and target population established for the consumer before it comes into the LME for approval	<ol style="list-style-type: none"> <li>1. Work with Service Management Director to establish specifications</li> <li>2. Work with Netsmart users group to establish timelines to move forward</li> <li>3. Work with Netsmart on establishing timelines to program system</li> <li>4. Train providers and LME staff on using new system</li> </ol>	<p>Netsmart/IM/Service Management/Netsmart Users Group</p> <p>IM/ Netsmart Users Group</p> <p>Netsmart/IM</p> <p>Providers/LME staff/IM</p>	<p>6/2010</p> <p>6/2010</p> <p>6/2010</p> <p>6/2010</p>	
15. Establish specifications with the vendor (Netsmart) to increase the size of file attachments that can be attached within the provider CareLink system. (example: PCPs are getting too large to attach)	Work with vendor to update system to accept larger file attachments within the CareLink system	IM/Netsmart Users Group/Netsmart	7/2008	
16. Train providers on how to utilize the CareLink system to share information with other common providers. Example: PCP plans, Admission Assessments and IPRS target population information (HIPAA compliance)	Train providers on how to use the CareLink system to share data	IM/Providers	1/2008	Providers
17. Establish system to capture crisis plans from all providers for Medicaid and/or IPRS services	<ol style="list-style-type: none"> <li>1. Train clinical staff within the LME on how to use the system</li> <li>2. Train providers on the use of the electronic system</li> <li>3. Train providers on the clinical guidelines for establishing an effective crisis plan</li> </ol>	<p>IM/LME Staff</p> <p>IM/Providers</p> <p>External contract provider/IM/Service Management</p>	<p>1/2008</p> <p>6/2008</p> <p>6/2008</p>	Providers
18. Update IM policies and procedures to reflect current security and user access guidelines	<ol style="list-style-type: none"> <li>1. Review current policies and procedures in place</li> <li>2. Determine necessary changes to current policies and procedures</li> <li>3. Edit or write new policies and procedures for the IM section of the LME</li> </ol>	<p>IM/CEO</p> <p>IM/CEO</p> <p>IM</p>	<p>1/2008</p> <p>1/2008</p> <p>1/2008</p>	

### **Resource Allocation:**

Within this department Eastpointe varies from the recommendations of the Cost Model based upon the needs of the claims adjudication process and the volume of incorrect claims being submitted to the LME. On average only approximately 80 percent of the claims submitted to the LME are clean claims and the remainder require significant handling for processing. Eastpointe has actually identified the need for a bookkeeper-type staff member with significant reimbursement skills to visit provider agencies to assist them in the billing process. Eastpointe has 21 FTEs budgeted for the combined Business Office Information Systems functions for a total cost of \$1,288,094. The Cost Model provides for a budget of \$961,988 supporting 19.3 FTEs. This is an area that may see a decrease in staff in the future as the provider network becomes more accurate in the billing process and the LME receives a higher percentage of clean claims.

### **Business Rules:**

#### Enhancements:

1. The LME has an automated system to allow providers to communicate via the web to submit authorizations and billing to the LME. This system is the CareLink system that providers use and the Avatar MSO/HSIS system that the LME utilizes.
2. Eastpointe has a positive relationship with the Division, county officials, and other stakeholders that is beneficial to the consumer. Eastpointe's willingness to assist providers to deliver best practice models has been recognized and has enhanced the availability of funding resources needed for the consumer.
3. Eastpointe works within a user group called the Netsmart Users Group which allows all LMEs that utilize the same software to standardize programming and functions.
4. Eastpointe has devoted the resources of one of the bookkeeping positions to work with service providers to enhance their billing capabilities. In this approach Eastpointe has enacted a Continuously Quality Improvement (CQI) model to identify providers that are experiencing IPRS billing difficulties. Eastpointe then arranges for said staff member to visit the provider for training. The on-site visits allow the capability of teaching in the environment most familiar to the provider staff.
5. Eastpointe is exercising every reasonable effort to ensure maximum use of SPMPs in the clinical functions that are included in the federal funding participation portion of the Cost Model. Eastpointe is utilizing targeted recruitment methods that range from establishing relationships with local colleges and universities that may include internships and preferred recruitment options to methods that allow current staff educational and training opportunities to enhance credentials. This approach will allow Eastpointe to draw down the seventy-five percent FFP.
6. Eastpointe has fully utilized the salary schedule proposed via the Cost Model and has enacted a salary plan that closely adheres to the structure contained within the most recent Cost Model. Through implementation of this salary structure, Eastpointe is better able to operate within the Division budgeted amount and comply with the staffing requirement needed to perform the LME tasks as recommended by the Division.

Inhibitors:

1. NC billing rules are extremely complex. These complexities make it extremely difficult to get computer systems developed and working properly.
2. The IPRS and the targeted funding streams severely limit the services that can be provided. IPRS is so rigid, as are the rules regarding funding, that money often goes unused when in fact the funds can certainly be used in all of our communities. If the dollars are there to support consumers then allow them to be spent. Eastpointe is a firm proponent of accountability but not to the point that it hinders service provision. Eastpointe's recommendation is to be given the flexibility of managing dollars for clients without having to meet stringent Division guidelines for population groups.
3. LMEs need to have standard procedure from the Division about the minimal security guidelines accepted for electronic communication.
4. Services for Medicaid consumers are authorized by Value Options; therefore the LME does not have current client information. LMEs need to be able to track service data on clients in order to know where they are and to identify their clinical home.
5. NC Netsmart Users Group requires that all LMEs using the software have agreed to any enhancements or developments that are made to the system. Sometimes this can cause delays in moving forward in developing much needed functions within the computer system.

**Provider Relations and Development LME Functions**

**Mission:**

The Mission of the Eastpointe Provider Relations Department is to develop and manage a community of qualified providers for service delivery to consumers in Duplin, Sampson, Lenoir and Wayne counties.

**Purchaser Standards:**

Eastpointe is guided by and complies with all applicable local, state and federal rules, mandates, and law, including but not limited to the purchaser standards identified in Communication Bulletin #68 Local Business Plan 2007-2010.

**Current Operations:**

Provider Relations is responsible for the development and management of the community of providers. This is accomplished through the following activities:

**COMMUNITY DEVELOPMENT**

Eastpointe conducted numerous community forums throughout the catchment area for the purpose of obtaining stakeholder input into the Local Business Plan 2007-2010. During these forums, stakeholders shared information and concerns that will impact the direction that Eastpointe's Provider Relations Department will take over the next three years. Concerns were addressed which include, but are not limited to the following areas: unmet consumer needs, underserved populations, lack of "natural supports" for consumers, service delivery, and provider ethics. The publication of provider statistics and data to help consumers make a decision regarding provider choice was another concern. The need to significantly increase service capacity in all counties of the catchment area is great. The identified service gaps include: additional diagnostic assessment capacity particularly for consumers with substance abuse and developmental disabilities; all ASAM levels of substance abuse services; appropriate housing options for consumers discharged from psychiatric hospitals; crisis services; service capacity for non-English speaking consumers (Spanish speaking and American Sign Language); jail diversion options; alternatives to children's residential services; and more intensive services for most disability groups.

Although no formal needs assessment has been conducted, the community forums made it more apparent that there is a lack of services in the rural counties. The Access Staff and Care Coordinators in the Service Management Department receive service requests on a daily basis for which there are either no available community options, or the existing providers do not have the capacity. The judicial system has indicated the lack of services as a barrier to appropriate treatment for consumers involved in the criminal justice system. The school systems are also concerned about the lack of appropriate services for children and families.

Provider Relations staff engages in provider recruitment on an ongoing basis, encouraging existing providers to expand their current service array as well as encouraging new providers to locate in one of the four counties of Eastpointe. Staff recruitment has been difficult for providers, and many report that there are few professionals remaining in the Eastpointe catchment area. The LMEs are competing for the same professionals that the providers need for service delivery. For some services, the number of providers often exceeds the need. Limiting the number of Medicaid providers is not an option. The abundance of providers for Community Support for children and adults does not address the need for more intensive services. The identified service gaps will be the focus of ongoing recruitment efforts for Eastpointe's Provider Relations Department for the next three years.

## PROVIDER ENDORSEMENT

Eastpointe Provider Relations Department has adopted and utilizes the Division's Communication Bulletin #044 Final Policy-Provider Endorsement, Communication Bulletin #047 Provider Endorsement Transition Plan, and Communication Bulletin #055, New Phases for Provider Endorsement: Policy Amendment for Conditional Endorsement. Eastpointe developed and distributed an endorsement flow process for conditional endorsement and for full endorsement based upon the Division's requirements for standardization across the state. Eastpointe has conditionally endorsed all its providers for 12 months, and after a minimum of 6 months of service delivery, providers may apply for full endorsement.

The endorsement process with a new provider may begin with telephonic or face to face technical assistance. Provider Relations Specialists receive numerous requests daily for technical assistance regarding the endorsement process. Information is shared regarding the endorsement application process, required forms, expectations regarding the site visit, plans of correction, and timelines.

After the provider submits the Endorsement Application, a Provider Relations Specialist reviews it for completeness and compliance verification. At this point, some providers may require additional technical assistance for missing components or incorrect documentation. After the complete application is received, the Provider Relations Specialist submits a return receipt to the applicant, and requests that the Monitoring Team schedule an onsite review.

The Monitoring Team schedules with the provider for the onsite review for conditional or for full endorsement. The site review is conducted utilizing the service specific check sheets for each service the provider is seeking endorsement, and the Monitoring Specialist informs the Provider Relations Specialist in writing of the outcome of the site review.

After the provider has met all requirements, the Provider Relations Specialist informs the provider of their status and requests that a Memorandum of Agreement (MOA) for Medicaid Services be sent to the provider indicating the specific services that shall be listed on the Attachment A. The Provider Relations Department prepares the MOA and forwards it to the provider. The provider is instructed to return the signed MOA along with the Certificate of Insurance naming Eastpointe as additionally insured. After these two documents are returned to Eastpointe, the Provider Relations Specialist, or designee, facilitates approval of the insurance through the Business Office. When the insurance is approved, LME signatures are obtained on the MOA, and the Provider Relations Specialist completes the Notification of Endorsement Action (NEA) letter. The original copy of the NEA is sent to the provider, indicating the endorsed service(s), site(s), date and status. Copies of the NEA are filed in the Provider Relations office for the particular provider, and sent to Program Integrity at the Division. The endorsement application, MOA, and NEA are then forwarded to the Business Office and the provider is entered into the Provider Choice Database for consumer choice purposes.

If the provider failed to meet all requirements, the Provider Relations Specialist submits in writing to the provider the elements that must be addressed in a plan of correction with a timeline for submission. Plans of Correction are accepted prior to the deadline indicated, and are reviewed as soon as possible following their receipt. The Monitoring Team reviews the documentation submitted for compliance verification. If the provider has met all requirements, the Monitoring Specialist then notifies the Provider Relations Specialist in writing, and the process continues toward obtaining the MOA. If the provider is still not in compliance, a second plan of correction is warranted.

Both the Provider Relations Specialist and the Monitoring Specialist provide technical assistance throughout the endorsement process. The goal is to manage a network of providers who are knowledgeable and competent, and are successful in service delivery.

## PROVIDER CONTRACTING

As with the endorsement process with a new provider, the contract for state funded services process may begin with telephonic or face to face technical assistance. Provider Relations Specialists receive requests daily for technical assistance regarding the provider contracting process. Information is shared regarding the Provider Network Application and the process for contracts. The Provider Network Application is used to gather information for the contract for state funded services. This application is available on the Eastpointe website, or it can be emailed or mailed to providers.

For all services the provider is endorsed to provide, Eastpointe issues a contract for state funded services simultaneously with the MOA. This offers state funded consumers the same choices of providers that Medicaid recipients have for Enhanced Benefit Services. This process also minimizes or eliminates consumers' wait time for service provision that can be present when there are few state funded providers established, and prevents consumers from having to move to another service provider for an enhanced benefit service if they become Medicaid ineligible after the start of services.

For the Non-Endorsed Services, the contract process is very similar to the endorsement process in that the provider must complete the application process and the Provider Relations Department must facilitate the review of the documentation for compliance verification. The provider submits the required application and documentation which includes the agency's policies and procedures to the Provider Relations Specialist. The Provider Relations Specialist in conjunction with the Monitoring Specialist reviews it for completeness and compliance verification. At this point, some providers may require additional technical assistance for missing components or incorrect documentation. A site review may be conducted if needed. When the compliance verification occurs, the Provider Relations Specialist requests a contract be sent to the provider from the Provider Relations Department.

For all contracts for state funded services, the provider is responsible for attending a mandatory orientation prior to being able to request authorization for services or bill for services provided. These sessions are conducted by the Eastpointe Reimbursement Liaison from the Business Office and the IT Department. Topics include, but are not limited to, reporting requirements, NC-TOPPS training, and CareLink System Training.

The Provider Relations Department prepares the state funded contract, and forwards it to the provider. The provider is instructed to return the signed contract along with the Certificate of Insurance naming Eastpointe as additionally insured. After these two documents are received by Eastpointe, the Provider Relations Specialist, or designee, facilitates approval of the insurance through the Business Office. When the insurance is approved, the contract is validated by appropriately LME signatures. The Provider Network Application and signed contract are then forwarded to the Business Office. Attendance at an orientation session is verified, and the provider is entered into the Care Link System and the Provider Choice Database for consumer choice purposes.

Contracts are issued to a limited number of Outpatient Treatment Providers per county. The policies and procedures are not reviewed for these services since these providers are governed by a licensure board. There are at least two outpatient treatment options for state funded consumers in each of the four counties of Eastpointe.

## TECHNICAL ASSISTANCE

Providing Technical Assistance by telephone, email or on-site consumes a large amount of the Department's daily time. Questions and need for technical assistance come from providers as well as potential providers. Inquiries include, but are not limited to, policy and procedure development, assistance with the Division of Health and Human Services (DHHS) communications, navigating the Division website, Division of Facility Services licensure, Enhanced Services Definitions, Evidence Based Practices (EBP), staff qualifications, provider expectations, billing issues and upcoming trainings.

The Provider Relations Department posts on the website a bi-weekly newsletter, *Eastpointe Provider Update* that is used as a means of communication with the provider community. The newsletter is the medium that is used to share information with providers regarding Eastpointe processes, business information, and all State communications, such as Medicaid bulletins, Division Communication Bulletins, Implementation Updates, etc. In addition, information is also shared via email with providers.

Upcoming training opportunities were previously included in the *Eastpointe Provider Update* however; providers have requested these be publicized separately from the newsletter due to its length. Currently, there is a training calendar on the Eastpointe website. The Provider Relations Department posts all upcoming trainings from around the region as soon as they are known, and the trainings remain posted until they have occurred.

Eastpointe hosts and conducts a bi-monthly provider meeting. This meeting is conducted by the Quality Improvement Department, in conjunction with the Provider Relations Department. The focus of these meetings is to discuss and provide technical assistance to providers on Eastpointe's processes and operations.

The Eastpointe Operations Manual was revised in 2006 to reflect current DHHS guidelines and Eastpointe procedures. This manual is posted on the Eastpointe Website and includes hyperlinks to other documents, including other manuals and state communications.

### PROVIDER MONITORING

Provider monitoring is conducted to ensure that the quality of services and supports delivered by the providers in the Eastpointe catchment area is in compliance. The Monitoring Team collaborates with state agencies and other local agencies to ensure statewide oversight of Categories A and B Service Providers. Monitoring is conducted in response to incidents and complaint issues in addition to routine monitoring. Copies of completed assessment tools for specific providers are submitted to other LMEs if the service provider is providing services to consumers from another catchment area. Service providers seeking endorsement for Enhanced Services are monitored for compliance with the service specific check sheets for adherence to the Service Definitions as approved by Center for Medicare and Medicaid Services (CMS), per Communication Bulletin #044 Final Policy-Provider Endorsement. For all monitoring activities, plans of correction are required of the provider for items deemed out of compliance.

Provider monitoring is often conducted at the request of other LMEs. These requests are completed as soon as possible following the request. Eastpointe also requests monitoring activities from LMEs of provider agencies in other catchment areas that deliver services to Eastpointe consumers.

For routine monitoring that is scheduled in advance, the provider is sent written notification confirming the scheduled date and time. The provider is requested to submit a complete caseload of consumers for all services they provide. Ten percent of consumer records per service rendered are reviewed, not to exceed ten records per service area. Within ten working days of monitoring, the provider is sent a written report describing the Monitoring Team's findings.

When monitoring activities indicate a plan of correction is required, the provider receives written notification regarding the expectations of the plan. After the provider submits the written plan of correction, it must be approved by the Monitoring Team. Following approval of the plan of correction, the Monitoring Team conducts at least one additional site visit to ensure that the plan of correction is being followed.

### RESIDENTIAL LETTERS OF SUPPORT

In accordance with Communication Bulletin #49, all providers applying for licensure for a residential facility are required to seek a letter of support from the LME in whose catchment area the licensed facility will be located. At Eastpointe, providers submit a written request to the Provider Relations Director in order to initiate this process. Written requests for letters of support must include: type of license requested, license capacity, service definition, facility location, program description, population to be served, and contact information. Letters of support are processed and submitted to the requesting provider, with copies being sent to the Division and to the Division of Facility Services within 3 to 5 working days of the request.

### ARBITRATION/RESOLUTION OF PROVIDER COMPLAINTS AND GRIEVANCES

The Provider Relations Department works in collaboration with the Customer Service and Quality Improvement Departments on provider complaints and grievances.

Providers who have complaints may contact Eastpointe Customer Service Department. The complaint is entered into the Complaints Tracking Database, and a follow up is conducted. If the complaint warrants an investigation, and the issue is a Client Rights issue, the investigation is completed by Consumer Affairs. If the complaint/issue is a provider system's issue, the complaint is investigated by the Monitoring Team or Clinical Director.

Providers may appeal the results or actions of the Monitoring Team. Within ten working days of receiving a written report from the Eastpointe Monitoring Team, providers may appeal any findings they disagree with in the report. If a provider is in disagreement, a written response should be sent to the Eastpointe Quality Improvement (QI) Director within ten working days of receipt of a Monitoring Report. The QI Director will convene the Quality Improvement Committee and provide written response to the appealing provider within thirty (30) working days.

**Strategic Objectives:**

Objective	Strategy	Responsible Party	Target Date	Stakeholder Input
1. Develop a comprehensive system of care in each of the four counties of Eastpointe	<ol style="list-style-type: none"> <li>1. Assess service gaps from stakeholder meetings</li> <li>2. Conduct annual gap analysis to identify additional capacity/types of providers needed and to identify un-served and under-served consumers, utilizing American Society of Addiction Medicine (ASAM) criteria, and levels of care</li> <li>3. Recruit providers to provide services per county based on gap analysis</li> <li>4. Recruit providers to ensure expansion of EBP</li> </ol>	<p>Leadership Team</p> <p>Provider Relations/UM</p> <p>Provider Relations</p> <p>Board Finance Committee CFO/ Provider Relations</p>	<p>2/2007 and Ongoing annually</p> <p>7/2007 and annually</p> <p>7/2007 ongoing</p>	<p>CFAC All Stakeholders</p>
2. Develop an appropriate crisis response system for consumers	<ol style="list-style-type: none"> <li>1. Work with providers to ensure they understand the requirements of being first responder</li> <li>2. Work with providers to ensure they have adequate emergency response capacity</li> <li>3. Provide technical assistance to providers regarding the involuntary commitment process</li> <li>4. Provide social workers in each of the 4 county hospitals to be dispatched for emergencies and/or crisis diversion. Social workers will assist Emergency Room staff in facilitating involuntary commitments</li> <li>5. Seek external funds to enhance crisis services within the counties</li> <li>6. Recruit providers to fulfill the proposed regional crisis plan</li> </ol>	<p>Provider Relations Staff/ QI staff</p> <p>Provider Relations staff</p> <p>Provider Relations staff/ QI</p> <p>Business Office/HR Dept.</p> <p>CEO</p> <p>Provider Relations Staff</p>	<p>7/2007 and ongoing</p> <p>7/2007 and ongoing</p> <p>7/2007 and ongoing</p> <p>7/2008</p> <p>7/2007</p> <p>7/2008</p>	
3. Monitor providers for quality assurance in service delivery and adherence to the fidelity of evidence based practices	<ol style="list-style-type: none"> <li>1. Monitor providers on an annual basis.</li> <li>2. Monitor first responder capability semi- annually</li> <li>3. Monitor providers' progress on achieving national accreditation</li> </ol>	<p>Provider Relations Staff</p> <p>Provider Relations Staff/ QI staff</p>	<p>7/2007 and annually</p> <p>7/2008 and annually</p>	

<p>4. Develop a community of providers who are fully endorsed for enhanced benefits</p>	<ol style="list-style-type: none"> <li>1. Provide technical assistance to providers as they apply for full endorsement status</li> <li>2. Review endorsement requests, and schedule on-site reviews</li> <li>3. Conduct on-site review to monitor compliance for the services for which the provider has requested full endorsement status</li> </ol>	<p>Provider Relations Staff</p> <p>Provider Relations Staff</p> <p>Provider Relations Staff</p>	<p>7/2007, ongoing</p> <p>7/2007, ongoing</p> <p>7/2007, ongoing</p>	
<p>5. Increase public awareness of services available in the Eastpointe catchment area</p>	<ol style="list-style-type: none"> <li>1. Plan and implement a Provider Fair for providers</li> <li>2. Maintain provider choice database</li> <li>3. Publicize (on the website) Provider Network Directory of services that summarizes service definitions.</li> <li>4. Provide technical assistance and training for providers to ensure correct referrals for services are being made</li> </ol>	<p>Provider Relations /QI</p> <p>Provider Relations/ IM</p> <p>Provider Relations/ IM</p> <p>Provider Relations Service Management</p>	<p>12/2007</p> <p>Ongoing</p> <p>9/2007</p> <p>12/2007</p>	
<p>6. Develop and utilize step down services for individuals being released from the prison system</p>	<ol style="list-style-type: none"> <li>1. Develop provider community that can offer jail diversion options for consumers</li> <li>2. Ensure that access and providers are making referrals to the jail diversion services offered</li> </ol>	<p>Provider Relations Access Service Management</p>	<p>7/2008</p> <p>7/2008</p>	
<p>7. Implement two teams of Monitoring Specialists for provider monitoring and oversight</p>	<ol style="list-style-type: none"> <li>1. Recruit and hire Monitoring Specialist positions</li> <li>2. Provide staff training to each team for consistency</li> <li>3. Allow ample time for the new team members to “shadow” current team members</li> <li>4. Divide providers into two groups, and assign each Monitoring Team to ½ the providers, using alphabetical assignment pattern. Providers whose agency names beginning A through M are assigned to Team 1 and N through Z are assigned to Team 2. All provider issues related to the particular provider are monitored by the assigned team</li> </ol>	<p>HR/ Provider Relations</p> <p>Provider Relations / QI</p> <p>Provider Relations Staff</p> <p>Provider Relations</p>	<p>7/2007</p> <p>9/2007</p> <p>12/2007</p> <p>12/2007</p>	

8. Update the Eastpointe Operations Manual for Providers	Annually update Operations Manual, to include current policy and procedure, contact information, and correct hyperlinks where needed to reflect current information	Provider Relations / QI /Access/ UM/ CFO IM	7/2007 and annually	
9. Adopt the confidence grid for the Monitoring Team to utilize in determining frequency of monitoring activities	<ol style="list-style-type: none"> <li>1. Work with QI Director and Consumer Affairs Director to complete confidence grid for each provider agency</li> <li>2. Utilize the grid to determine frequency for routine monitoring. Aside from this determined frequency, it is expected that monitoring would still occur for providers for investigative purposes or complaints</li> </ol>	<p>Provider Relations /QI /Consumer Affairs</p> <p>Provider Relations Staff</p>	<p>7/2007</p> <p>7/2007</p>	
10. Develop a relationship with at least one provider per county to address community crises	<ol style="list-style-type: none"> <li>1. Conduct disaster training with identified providers</li> <li>2. Conduct shelter training with identified providers</li> </ol>	Provider Relations staff/UM staff	5/2007	

**Resource Allocation:**

The Cost Model includes 8.0 FTEs for Provider Relations and Monitoring. The Department is currently staffed with 7 FTEs; many functions cost-modeled for Provider Relations are carried out in conjunction with other internal departments. The Department currently has two vacant positions that are being actively recruited. Eastpointe's provider budgeted costs for this Department is \$616,623 and the Cost Model budgets \$610,527 for a negative variance of \$6,096.00. Clinical Director's time is not allocated to this department.

**Business Rules:**

Enhancements:

1. Standardized statewide policy on provider endorsement with standardized MOA. Eastpointe does not have additional requirements.
2. Standardized statewide contract
3. When monitored, providers are informed of their right to appeal findings through the Appeals Committee.
4. Eastpointe issues the provider a contract for state funded services simultaneously with the MOA.
5. For all contracts for state funded services, the provider must attend a mandatory orientation prior to being able to request authorization for services or to bill for services provided.

Inhibitors:

1. There are no rules governing provider endorsement. For example: There is no clear mechanism for withdrawal of provider endorsement. There is no approved statewide standardized provider report card or provider profile, and there are no limits on the number of endorsed providers that have located into the catchment area or who have a signed MOA from outside the catchment area.
2. No consistent statewide policy/procedure/process for monitoring activities.

## Customer Service/Consumer Affairs LME Functions

### **Mission:**

The mission of the Customer Service/Consumer Affairs Department is to respond to complaints, concerns, and questions regarding service delivery as well as promote, support, and advocate for consumer rights in a consumer centered culture.

### **Purchaser Standards:**

Eastpointe is guided by and complies with all applicable local, state and federal rules, mandates, and law, including but not limited to the purchaser standards identified in Communication Bulletin #368 Local Business Plan 2007-2010.

### **Current Operations:**

Customer Service/Consumer Affairs Department is responsible for responding to complaints, concerns, and questions regarding service delivery and promoting, supporting and advocating for consumer rights. This is accomplished through the following activities:

#### **ACCESS FOLLOW UP SURVEYS**

The Customer Service/Consumer Affairs staff engages consumers in a survey following the consumer's involvement with the Access Department. When a consumer is screened by an access clinician, the clinician obtains the consumer's permission to conduct a follow-up survey to determine satisfaction with the screening process. Customer Service/Consumer Affairs staff pulls a daily report of consumers that have agreed to be contacted. When Customer Service/Consumer Affairs staff contacts the consumer, a simple survey is completed regarding their experience with the access clinician. This information is recorded in a database. This data is analyzed by Eastpointe's Quality Improvement (QI) Department and shared with Customer Service/Consumer Affairs staff and Access staff.

#### **CONSUMER CHOICE OF PROVIDER**

Eastpointe's Customer Service/Consumer Affairs staff is involved with offering consumers or their legally responsible person, choice of providers when consumers request a change in service provider. The staff receiving the request will recommend that the parties involved attempt to resolve the issues leading to the request prior to selecting a new provider. If selection of a new service provider becomes necessary, the current service provider will, whenever possible, assist the consumer in making a successful transition to the new service provider. Customer Service/Consumer Affairs staff assures that consumers receive assistance and support in transitioning services. The transition should be clinically appropriate with a reasonable timeline.

#### **CUSTOMER COMPLAINTS/CONCERNS/QUESTIONS**

Eastpointe's Customer Service/Consumer Affairs staff respects the dignity and rights of all individuals receiving services. Every consumer has the right to express any concern, complaint or question related to the provision of services to the most appropriate person(s) who can assist in resolving the concern. Eastpointe's Customer Service/Consumer Affairs staff assures that any concern(s) are addressed in a timely and objective manner. All consumers, customers and/or providers have the right to contact Eastpointe, the Division, the Division of Facility Services, and/or the Governor's Advocacy Council for Persons with Disabilities concerning a complaint allegation. Consumers, customers and/or providers who have complaints may call Eastpointe's toll free number and the Customer Service/Consumer Affairs staff will assist the caller in initiating the complaint process. The discloser of the complaint and the identity of the complainant will be safeguarded from harassment or retaliation from the provider. Complaints received by the Customer Service/Consumer Affairs Department are logged into a Complaint Reporting database. The Customer Service/Consumer Affairs Department shall determine if the complaint can be resolved at a departmental level, or if it needs additional investigation. Further investigation may be conducted by the Client Ombudsman, the Provider Relations Monitoring Team, the Division of Mental Health, Development Disabilities, and Substance Abuse Services, the North

Carolina Division of Facility Services, the County Department of Social Services, or other agencies as required. Results of the investigation will be forwarded to the individual making the complaint.

Consumers may also utilize the Customer Service/Consumer Affairs staff to assist them to navigate the system. Consumers may call the toll free number and ask questions related to provider issues, location of provider offices, evidence based practices, and service delivery.

### INCIDENT REPORTING

The Customer Service/Consumer Affairs Department receives, reviews, and monitors all incidents within the Eastpointe catchment area to assure appropriate treatment and consumer rights. Providers are required to submit incident reports to the Client Ombudsman according to state guidelines. Reports submitted by providers are reviewed for completeness as well as assessed to determine if an investigation is needed. Incidents are logged into a database for tracking purposes.

### CONSUMER RIGHTS

Eastpointe's Customer Service/Consumer Affairs Department assures that each consumer is informed of his/her basic human rights. These rights include the right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect, and exploitation. After the initial access screening the consumers are informed of their rights and are sent brochures and educational information.

### TECHNICAL ASSISTANCE

One of the functions of the Customer Service/Consumer Affairs Department is to provide technical assistance to providers regarding incident reporting and client rights training. Trainings are offered free of charge and are held at the provider's office/location. A goal of Eastpointe is to work with providers in a collaborative relationship to achieve the best possible outcome for consumers.

### CLIENT RIGHTS COMMITTEE

Eastpointe's Client Rights Committee meets on a monthly basis. The Committee is made up of eleven (11) members, with membership including representation from the Board. The Client Rights Committee has a subcommittee that is currently reviewing each private provider's policies and procedures for the purpose of compliance verification regarding the establishment of a Client Rights Committee. Advocacy is one of the primary functions of the Client Rights Committee. The Client Rights Committee requests support for consumers from family members, friends, religious organizations, schools, volunteer organizations, support groups, advocacy groups, and other natural supports in the community.

In addition to the Client Ombudsman, the Client Rights Committee also monitors and evaluates incidents which adversely affect, or have the potential to adversely affect consumer care, safety, rights, and/or dignity. Results of incident reports involving cases of abuse, neglect, and/or exploitation are forwarded to the Client Rights Committee each month. The death of any individual receiving services in the Eastpointe catchment area is reviewed and reported in accordance with applicable local laws, state statutes (G.S. 122C-31, 131D-34.1) and national accreditation standards.

The Client Rights Committee also reviews complaints and results of monitoring activities on a monthly basis. The incident report from the Provider Relations Monitoring Team is reviewed to determine if trends or patterns are identified for the same provider.

The Client Rights Committee also serves as Eastpointe's Intervention Advisory Committee.

### APPEALS AND GRIEVANCES

The Customer Service/Consumer Affairs section has adopted and utilizes the Consumer Complaint/ Appeals procedures as outlined by the Division in Communication Bulletins #38 and #67. These procedures are in accordance with all NC General Statutes and Administrative Codes. Consumers may appeal any decision by the LME's Utilization Management Department which denies, reduces, suspends or terminates a non-Medicaid service either orally, through a representative, or through use of the Division's standardized Non-Medicaid Service Complaint Form. The Clinical Director reviews all complaints and sends a Clinical Review Decision Letter to the consumer along with instructions and the Division's standardized Non-Medicaid Appeal Request Form. The consumer may then elect to appeal the decision to the Division. After receiving the Division's Panel Decision, the Eastpointe's Director sends the Non-Medicaid Final Decision Letter to the consumer. All time frames and requirements are stipulated in Eastpointe's Non-Medicaid Appeal Process procedure.

#### ARBITRATION

Eastpointe's Customer Service/Consumer Affairs staff is also available to engage in arbitration between providers and consumers if this becomes necessary. Staff recommends that the parties involved attempt to resolve the issues among themselves. If this is not possible, Eastpointe can assist the parties in negotiating a successful outcome.

#### CONSUMER AND FAMILY ADVISORY COMMITTEE (CFAC)

Eastpointe encourages input from consumer self governance groups for program development. The CFAC meets monthly and consist of twelve members. The Committee is currently recruiting potential members to meet the required membership standards of having equal representation of disability groups and equal representation of consumers and family members. The Committee has established Bylaws and a Relational Agreement. The CFAC chair and/or vice-chair attend weekly Eastpointe Leadership Team meetings and monthly Board meetings. CFAC members are involved in several other advocacy groups, including Mental Health Association, NAMI, and North Carolina Guardianship Association. Eastpointe supports the Consumer and Family Advisory Committee by appointing a staff liaison and an administrative assistant. The staff liaison and administrative assistant assist the Committee by recording minutes at the each monthly meeting, mailing out monthly information packets, and processing travel reimbursement. Twice each year, the CFAC conducts consumer choice surveys by mail to ensure that consumer choice of services provided was offered. Currently, CFAC has a budget of \$15,000. These monies are allotted for conferences, travel, food and stipends. The staff liaison position, the administrative assistant position, and administrative costs are not included in the \$15,000.

Eastpointe also encourages consumer knowledge. Approximately twenty to twenty-five informational items are mailed to the CFAC member each month. This information includes Division Communication Bulletins, training opportunities, CMS information, Substance Abuse and Mental Health Services Administration (SAMHSA) announcements, or funding opportunities. Each meeting is inclusive of some type of training. At the present time, the focus of training is the LME functions. Various Eastpointe Leadership Team members are presenting information related to their specific department and its function.

**Strategic Objectives:**

Objective	Strategy	Responsible Party	Target Date	Stakeholder Input
<p>1. Educate and empower CFAC to advise and improve the local mental health, developmental disabilities and substance abuse service system</p>	<p>1. Enhance CFAC training on EBP and the clinical practice standards. Training will be provided through internal staff as well as external conferences and seminars</p> <p>2. Educate CFAC on Service Definitions</p> <p>3. Continue to support and empower the CFAC Committee to develop their own budget and present it to the LME annually</p> <p>4. Educate the catchment area on the function of Eastpointe CFAC by providing outreach to all stakeholders on the advocacy and empowerment opportunities</p> <p>5. Recruit consumers for CFAC. Go through advocacy committees; providers; staff, and the Board</p> <p>6. Train and educate CFAC on LME functions/understanding aggregate report data. During the year each Leadership Team member will attend a CFAC meeting to present their department functions</p>	<p>CFAC Liaison/Client Ombudsman</p> <p>Provider Relations</p> <p>CFAC Liaison/CFO</p> <p>CFAC</p> <p>CFAC</p> <p>Eastpointe Leadership Team</p>	<p>Ongoing</p> <p>10/2007</p> <p>April annually</p> <p>Ongoing</p> <p>7/2007</p> <p>7/2007</p>	
<p>2. Raise awareness of and combat the stigma associated with mental illness; encourage the recovery model of services and self-determination of consumers</p>	<p>1. Contract with NAMI to develop Crisis Intervention Teams in the catchment area</p> <p>2. Develop Peer to Peer groups in the communities through groups such as NAMI or MH Association</p> <p>3. Monitor Peer Bridgers at Cherry Hospital to determine outcomes for services provided</p>	<p>CEO</p> <p>CEO/CFAC Liaison</p> <p>QI Director, CFAC Liaison</p>	<p>Implement 3/2008</p> <p>2007 and 2008</p> <p>7/2007</p>	<p>CFAC</p> <p>CFAC</p>
<p>3. Develop a consumer drop in center and encourage peer support initiatives</p>	<p>1. Work with Mental Health Association as pilot process</p> <p>2. Provide staff support to encourage consumer operated business</p>	<p>CFAC</p>	<p>7/2008</p> <p>7/2008</p>	
<p>4. Enhance Complaint Database</p>	<p>1. Work with IT in getting all data compiled into a report</p> <p>2. Train all staff to document complaints</p>	<p>Client Ombudsman/IT</p>	<p>10/2007</p> <p>10/2007</p>	

5. Continue to advocate and educate on the Customer Service role and phone number	Educate stakeholders at every opportunity	Customer Service	Ongoing	
6. Make easier for public to issue complaint or grievance	Create online form to capture complaints and grievance system	IM	1/2008	
7. Ensure all providers will have a functioning Client Rights Committee	Provide technical assistance to providers regarding criteria for client rights committees	Client Ombudsman/ Monitoring Team	7/2007	
8. Provide outreach to providers and consumers in regard to customer service and rights	<ol style="list-style-type: none"> <li>1. Provide technical assistance to providers regarding rights protections, advocacy, empowerment opportunities, EBP, and service authorization guidelines</li> <li>2. Provide consumer education regarding state funded service authorization guidelines and EBP</li> </ol>	Client Ombudsman/CFAC/ UM/Provider Relations	Ongoing  Ongoing	
9. Conduct customer satisfaction surveys	<ol style="list-style-type: none"> <li>1. Send postcards with survey to new clients coming through Access</li> <li>2. Review surveys to ensure that clients are served and treated in a respectful manner</li> <li>3. Develop trend reports and presented to Leadership Team and Board quarterly</li> </ol>	CFAC  QI/CFAC  QI	7/2007  Ongoing  10/2007	
10. Implement Mystery Shopper system by utilizing CFAC	<ol style="list-style-type: none"> <li>1. Train CFAC on how to conduct mystery shopping</li> <li>2. Determine what data to collect during mystery shopping</li> <li>3. Develop reports to be included in the CFAC Annual Report</li> </ol>	CFAC, QI  CFAC, QI  CFAC, QI	7/2007  8/2007  9/2007	
11. Guardianship activities	Ensure all wards receive appropriate medical treatment	CEO/designee	Ongoing	

**Resource Allocation:**

Budgeted within this department are three clinical positions, 0.5 of the Clinical Director's position and one clerical position for a total of 4.5 FTEs. The Eastpointe budgeted costs for Consumer Affairs is \$432,269.00 and the Cost Model proposes a budget of \$269,972.00 for a negative variance of \$162,297. In a newly developed provider network, Eastpointe has placed additional resources to ensure that consumers are treated fairly and that any concerns are addressed promptly.

**Business Rules:**

Enhancements:

1. Customer Service statewide has a standardized complaint reporting form.
2. Incident Reporting is standardized across the state.
3. Customer Service and Consumer Rights Training module that has been developed.

Inhibitors:

1. The Division of Facility Services does not respond to complaints or the need for an investigation in a timely manner due to the high volume of calls.
2. The function of the Consumer and Family Advisory Committee needs clarification.
3. Customer Services statewide needs a standardized database for the complaint form.

**#5**  
**Service Management**

**Mission:**

To provide citizens 24/7 access to services based on intensity of need and consumer choice and to ensure that the appropriate level, amount and duration of high quality services will be authorized for care.

**Purchaser Standards:**

Per the 2004-2007 Performance Contract, Attachments II and III: Eastpointe is in compliance with all Purchaser Standards as noted in Communication Bulletin #68 (Local Business Plan 2007-2010).

**Current Operations:**

**UTILIZATION MANAGEMENT AND CARE COORDINATION DEPARTMENT**

Senior clinical staff with experience in working with various age groups and disabilities is assigned to review service requests to determine authorization status for state allocated funds. The Assessment, IPRS Matrix, and Person Centered Plan are reviewed for accuracy and appropriateness and an authorization status is determined. At present, all of this is completed electronically and these documents are reviewed for all consumers of state funds. Level of care criteria are used as a guideline to help determine the appropriate amount of units authorized. Reauthorization requests are reviewed and progress is examined and reauthorization decisions made. Sometimes these reauthorizations may address additional services or strategies based on the progress of the consumer.

Initial authorization requests, or reauthorization requests that appear inadequate, inappropriate, not evidence based best practice, lacking community and natural supports, or a crisis plan, are placed in a pending status and the provider is given the opportunity to make necessary corrections before the request is denied. Authorization time frames are consistent with those of the service definitions for that particular service. These staff also advocate on the part of consumers for services missing throughout the continuum of care: linkage with primary care physicians, and for evidenced based best practice services. Ongoing technical assistance is given to providers on issues of person centered plans, MR-2 completion and signing, the authorization process, State IPRS system, IPRS matrix; evidence based best practice, and service definitions.

Care coordinators act in the role of hospital liaisons with state facilities to authorize bed days and reauthorization of continued hospitalization. Care coordinators perform roles of coordination with providers for services and work to assist in moving consumers through the continuum of care, and advocate for services missing in the continuum of care. This helps to ensure that prior to discharge from a state facility the consumer is connected to a clinical home and has sufficient supports and services in place. The care coordinators connect the consumer to their existing provider if they have one, and connect the new consumer to a qualified service provider if they are new to the provider system. The care coordinators track all admissions to state hospitals and Alcohol and Drug Abuse Treatment Centers (ADATC). These services are provided for all consumers from the Eastpointe catchment area residing in all state hospitals, private hospitals, state ADATCs, and Treatment Alternatives to Street (TASC) consumers discharged from the prison system. The care coordinators participate in a process with providers, consumers and the LME to follow up with consumers who fail to keep scheduled appointments with their clinical home.

Utilization Management/Review and Care Coordinators staff provides technical assistance to providers on individual cases as well as overall training and expertise on clinical issues. These staff provides ongoing assistance to providers and updates on system changes through a variety of mechanisms including, but not limited to provider forums and a provider newsletter.

## ACCESS DEPARTMENT

The Access Department provides one of the core functions of the LME: Screening/Triage/Referral (STR). This function is described in NC GS 122C-2. The goal of the STR is to provide a uniform portal of entry to individuals seeking mental health, developmental disabilities and/or substance abuse services on a 24/7/365 basis. The guiding principles are timely response, provider choice, equal access, culturally appropriate care, least restrictive level of care, cost effective and use of natural community resources when possible and applicable.

Eastpointe's STR Unit is located in Goldsboro (Wayne County) and staffed by Qualified Professionals as required by G.S. 10NCAC27G.0104. LME staff provides telephonic response coverage to consumers in Duplin, Sampson, and Lenoir and Wayne counties from 8:00 a.m. – 5:00 p.m. Monday-Friday. Calls received between 5:00 p.m. and 8:00 a.m., Saturdays, Sundays and holidays are covered by a contracted vendor, Real Crisis Interventions, located in Greenville, North Carolina. The contracted staff is in compliance with the same requirements that govern the regular hour's services.

STR clinicians (LME and contract) provide toll-free telephonic screening/triage and referral to callers seeking behavioral healthcare services. Calls are answered within five rings or 30 seconds. The staff serves as the initial point of contact and directly link individuals to necessary and appropriate services within the community. STR is appropriate only for new applicants for services or for inactive consumers (no billable services within past 60 days) seeking services for new episodes of care.

STR staff provides brief telephonic screening and upon determination of medical necessity, consumers are referred to their provider of choice. Consumers are given information including, but not limited to, providers' location, hours, specialties and appointment availability so that an informed choice can be made. In cases in which the consumer presents directly to the provider and upon verification by STR staff, presumptive choice is documented. All STR data is documented and managed in the LME's Avatar MSO/HSIS software system.

Access staff also schedules appointments for consumers in accordance with standards for intensity of need (emergent/urgent/routine). Whenever possible, Access staff schedules the appointment while the caller is still on the line. In cases of emergent need, staff coordinates the consumer's access to the necessary face-to-face crisis service(s) within the required time frame. All referrals are tracked by Customer Service staff to determine if consumer kept his /her appointment and if not, to ensure that the provider will initiate a follow-up to reschedule.

Eastpointe's Access Department utilizes TTY equipment allowing calls to be received from consumers who are deaf or hearing impaired. Eastpointe also contracts with a provider of telephonic interpretation services, CICS, to serve non-English speaking consumers. These services are offered at no cost to the consumer.

Consumers are registered within the local system within 30 days after the clinical home provider delivers the first service. The provider is required to submit the PCP Admission Form to Eastpointe by an electronic web-based form. This information is keyed into the system and is submitted electronically to the CDW.

## SYSTEM OF CARE DEPARTMENT

The System-of-Care builds on individual and community strengths and makes the most of existing resources to help children and their families achieve better outcomes. The core values include, but are not limited to, interagency collaboration, individualized strengths-based care, cultural competence, outcome measures, child and family partnership, and community-based services and supports. The goal of the System-of-Care is to assist families to help their children succeed at home, school and in the community. The focus of decision-making in the System-of-Care is conducted through a community collaborative.

Eastpointe has a System-of-Care (SOC) Manager who is responsible for Community Collaboratives in each of the four counties. There is representation from each county DSS, LEA, DJJDP, Family Court and GAL. Each Community Collaborative meets on a monthly basis. In addition to other functions of the Community Collaborative, the Collaborative receives and reviews referrals from providers and any agency for children with serious emotional disturbance and who are in need of CTSP funding. Recommendations can then be made for appropriate treatment. After reviewing such referrals, the Collaborative sends written recommendations to the referring individual. The Eastpointe Community Collaboratives ensure that service funds are allocated in a manner that promotes quality services that are consistent with System-of-Care and best practice models. The mission of the Eastpointe Community Collaboratives is to promote the sharing of resources and accountability across agencies and programs.

Eastpointe has hired two Care Coordinators who will serve Duplin and Wayne counties as school liaisons. These coordinators will serve as the primary contact for the schools in their catchment area. The staff will coordinate all referrals for school age children who have behavioral health issues. The staff will assure that referred children are screened, assessed and connected with services and supports. The staff will work with a team which will include a representative from DSS, a school social worker and a nurse.

#### COMMUNITY COLLABORATION

Eastpointe completed a resource manual that details all faith-based organizations and non-profit organizations, as well as, the services provided. For example the document is useful in finding a bed for a homeless person or shelter for a female who has been abused. Eastpointe uses the resource manual to assist the LME staff in making referrals for services not covered by insurance, federal, or state benefits. Eastpointe currently contracts to provide a community collaboration position, but will hire a full-time position to be filled by July 1, 2007.

Eastpointe is involved with other local government programs and is represented on committees for each county which include the Juvenile Crime Prevention Program, Criminal Justice Partnership Program, Family Drug Treatment Court, Child Community Collaborative, School Child and Family Teams, and Smart Start. The Director often meets with DSS Directors. The LME supports a full-time or a part-time Substance Abuse Counselor (depending on the need) in each DSS to screen women for substance abuse. A suggested plan for services is developed by the counselor and contact is made with the Access Department.

Eastpointe is involved with the four county hospitals. Eastpointe currently is supporting a position in Sampson County through county funds to manage crises between 8:00 a.m. and 5:00 p.m. on regular work days. This position is located at the hospital and is dispatched as needed in a crisis situation. Eastpointe meets quarterly with the hospitals' staff for planning purposes. The latest project that Eastpointe and the hospitals completed was a Kate B. Reynolds grant proposal to support a position in each hospital to help clients access appropriate services. This plan would cover the peak hours at the hospital and would be supported by the county and the Kate B. Reynolds grant.

Eastpointe is responsible for coordinating a housing committee called the Down East Coalition. This committee involves all county Sheriffs, DSS Directors, and Homeless Shelter Directors within the Eastpointe catchment area. Eastpointe is currently working on a HUD grant that will support leasing arrangements for 10 families referred by the LME.

#### GUARDIANSHIP

Eastpointe is currently the appointed guardian for twenty wards. Eastpointe complies with NC G.S. 35-A. Eastpointe's Director attempts to interact with each ward on a personal basis, involving them as much as possible in decisions that affect them, exploring all options, weighing risks and benefits of particular services, and ensuring that all actions and decisions are made in their best interests. Each year, Eastpointe has a Christmas party for the wards. This past year, CFAC members actively participated in shopping for the wards and attended the annual celebration.

### CAP-MR/DD PRIORITIZATION

Many consumers with developmental disabilities have needs that exceed currently available services and supports. These consumers are screened and referred to Customer Service to be placed on a potentially eligible waitlist for CAP-MR/DD services. Eastpointe is notified by the Division when the allocation has been increased by the total number of slots that are available in the catchment area. Eastpointe has established a CAP-MR/DD Prioritization Committee whose purpose is to determine which consumers from the waitlist will be recommended for funding. This committee is made up of LME staff from Customer Service, Utilization Management, Provider Relations, a CFAC representative and a Board Member.

Eastpointe is notified of increased slots. Customer Service staff work with family members/guardians, consumers, and current targeted case managers to assess current needs of each consumer. The committee meets and each case is presented with an overview of existing services, supports and needs for that consumer. The committee rates each consumer based on a rating scale, which assigns a numerical value from 0 to 5 based on consumer needs. The committee recommends existing services and supports which can assist the consumers' needs. The meeting determines which consumers will be recommended for funding based upon the score obtained from the overview of each case. Letters are mailed to the consumers, their targeted case manager, or referring agency who are selected for funding. The consumers who are not selected for funding are also sent letters with a copy being sent to the current targeted case manager, indicating recommended services and supports.

**Strategic Objectives:**

Objective	Strategy	Responsible Party	Target Date	Stakeholder Input
1. Provide a fully functioning Access/Screening/Triage and Referral system that is easily accessible to the citizens of the catchment area	<ol style="list-style-type: none"> <li>1. Recruit and maintain highly qualified staff who are culturally competent and sensitive to variations among multi-cultural populations</li> <li>2. Provide training and educational opportunities to STR staff in cross-disability proficiency, diagnostic assessment, as well as crisis and brief supportive counseling</li> <li>3. Promote and advertise the toll free number to citizens of the four county catchment area</li> </ol>	<p>Access /HR</p> <p>Access /Clinical / Regional AHECs Division/NCCCP</p> <p>Access Department Customer Service/ Consumer Affairs Provider Relations</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>CFAC</p> <p>Provider Community</p> <p>LME Staff</p>
2. Enhance the system that allows consumers to move easily from STR to registration	<ol style="list-style-type: none"> <li>1. Process registration information from providers. Follow-up to obtain any missing data</li> <li>2. Ensure completion of all CDW data</li> </ol>	<p>Access Department/ IM Department</p> <p>Access Department/Service Management</p>	<p>7/2007</p> <p>7/2007</p>	
3. Develop pre-certified guidelines with CFO for non-IPRS funded services	Meet with responsible parties to develop procedure for expending non-IPRS funds for client needs	Access /CFO Service Management	1/2008	
4. Provide available support and referrals to military veterans and/or family members that are not available through current coverage	Utilize public relations and outreach efforts to increase awareness within local military community (Seymour Johnson Air Force Base)	Access Provider Relations Customer Service/ Consumer Affairs	7/2007 Ongoing	
5. Partner with Provider Relations in training and technical assistance offered to providers regarding first responder responsibilities for their consumers in crisis	<ol style="list-style-type: none"> <li>1. Conduct needs assessment survey</li> <li>2. Provide training based on results of survey</li> </ol>	<p>Access Provider Relations</p> <p>QI</p>	<p>5/2007</p> <p>7/2007</p>	
6. Maintain consumers' crisis plan (from PCP) in electronic format for use with STR activities	<ol style="list-style-type: none"> <li>1. Develop a system with IM for STR to electronically access consumers' crisis plan</li> <li>2. Train staff on use of the system</li> </ol>	<p>Access, IM</p> <p>Access, IM</p>	<p>1/2008</p> <p>7/2008</p>	<p>Provider Community</p> <p>Provider Community</p>

7. Follow up on 15% of consumers with no PCP received within 45 days of referral to enhanced benefit providers	<ol style="list-style-type: none"> <li>1. Allow STR clinicians to electronically access consumers' PCP through IM</li> <li>2. Develop program to pull required number for review and train STR staff on its use</li> </ol>	IM/Access/Customer Service	1/2008	
8. Ensure that recommendations for crisis plans are transmitted to Provider Relations and/or Care Coordinators for follow-up as applicable	<ol style="list-style-type: none"> <li>1. Allow STR clinicians to electronically access consumers' crisis plans within PCP through IM</li> <li>2. Train STR staff on appropriate scenarios for communication of crisis plans to Provider Relations and/or Care Coordinators</li> </ol>	IM/Access	1/2008	
9. Develop a web-based program that allows electronic appointment scheduling with providers	Develop a system for electronic scheduling with IM	Access, IM	1/2008	Provider Community
10. Create provider staff profiles maintained electronically within the current MSO system to enhance consumer choice	Collaborate with IM to implement an efficient and functional system	IM Access	7/2008	Provider Community, CFAC
11. Increase STR staff knowledge and awareness of community resources (faith-based, homeless, etc)	Develop and maintain a current directory of community resources	Access /Provider Relations/Customer Service/Consumer Affairs	On-going	CFAC, Community Human Service Agencies, Faith Based Organizations
12. Involve family and consumers in the planning and operation of the Access/STR function	Attend regularly scheduled access department meetings and offer suggestions and input	CFAC Access /Customer Service/Consumer Affairs	On-going	CFAC
13. Increase the quality of person centered planning among the provider community	<ol style="list-style-type: none"> <li>1. Develop a database to track providers that have difficulty with PCP.</li> <li>2. Increase availability of PCP training and offer remedial training to those having difficulty in planning with emphasis on appropriate components of plan, person centeredness, and natural and community supports</li> </ol>	UM/ QI /Provider Relations	9/2007  12/2007	
14. Reduce admissions to State Hospitals such that all bed day usage allocations are within state allocated limits	<ol style="list-style-type: none"> <li>1. Develop Mobile Crisis Unit</li> <li>2. Develop contracts with hospitals for inpatient care</li> <li>3. Develop respite services within the community</li> </ol>	Provider Relations, Business Office CEO, Business Office  Provider Relations, Business Office	9/2007  9/2007  9/2007	Providers/ Hospitals Providers  Providers

15. Expand the role of care coordination for consumers in the Eastpointe catchment area	Work with providers to insure a smooth transition from one level of care to another	Care coordinators, Provider Relations, Community Providers	7/2008 – community focused	
16. Establish a workgroup of providers to identify key components for a consumer's crisis plan	1. Identify a provider of residential services, outpatient services, medication management, targeted case management, and community support to develop the necessary components of a crisis plan and first responder responsibilities	UM /Provider Relations	12/2007	Providers
	2. Complete requirements of crisis plan and provide detailed responsibilities to providers for first responder	Team identified in strategy #1	1/2007	Providers
	3. Incorporate component requirements into the monitoring process of the monitoring team	Monitoring Team	4/2007	
17. Increase family involvement in the community collaborative process	<ol style="list-style-type: none"> <li>1. Recruit parents and youth to participate in community collaborative</li> <li>2. Secure funding to support a parent advocacy organization and pay stipends to family members for their participation</li> <li>3. Increase family representation with community provider agencies</li> <li>4. Utilize CTSP non-UCR funding to assist families in accessing SOC,CFT trainings</li> </ol>	SOC/Community Collaborative members	6/2008  6/2008  6/2008  6/2008	
18. Identify all of the out of catchments area children in residential settings and bring them back into the catchments area	1. Develop tracking system on identifying these children	SOC/IM/Community Collaborative Members	6/2010	
	2. Ensure local providers can offer Community Based Services prior to children being relocated	SOC/Provider Relations	6/2010	

<p>19. Ensure that the Child and Family Team (CFT) process is the guide for person-centered planning for children and their families</p>	<ol style="list-style-type: none"> <li>1. Ensure that providers offer technical assistance regarding child and family teams</li> <li>2. Provide education regarding SOC/CFT to providers</li> <li>3. Explore strategies within the LME to ensure the occurrence of CFTs; consider the IPRS authorizations process; maintain relationship with provider networks, etc.</li> </ol>	<p>SOC/Community Collaborative members</p>	<p>6/2010 6/2010 6/2010</p>	
<p>20. Increase collaboration for the CTSP population across local agencies</p>	<ol style="list-style-type: none"> <li>1. Create a mechanism for communication with other collaborative efforts in the community (i.e. JCPC, CART, PPAT, Smartstart)</li> <li>2. Identify service gaps; assist other agencies to increase community capacity</li> </ol>	<p>SOC/Community Collaborative members</p>	<p>Ongoing  Ongoing</p>	
<p>21. Provide initial and ongoing technical assistance to identified stakeholders serving children</p>	<ol style="list-style-type: none"> <li>1. Develop, distribute and compile surveys to providers, families and youth regarding SOC and CFT training needs</li> <li>2. Address technical assistance topics to include, but are not limited to, the role of the Community Collaborative, school-based child and family support team initiative; how to choose a service provider; cultural competence; child and family team facilitation</li> <li>3. Explore local, state and national resources to provide technical assistance (i.e. utilize previously trained parent and professional trainers, the System of Care handbook developed by NC Families United, and <a href="http://www.systemofcare.samhsa.gov/">http://www.systemofcare.samhsa.gov/</a>)</li> </ol>	<p>SOC/Provider Relations/Community Collaborative members</p>	<p>Ongoing  Ongoing   Ongoing</p>	

<p>22. Utilize quality management processes to ensure effectiveness of SOC efforts for individuals and families in the community</p>	<ol style="list-style-type: none"> <li>1. Explore common outcomes identified by child-serving agencies and other stakeholders</li> <li>2. Provide outcome data to the Community Collaborative as needed</li> <li>3. Assist QM staff to analyze trends in treatment (i.e., out-of-home/county placements, level of care/residential trends, hospital admissions)</li> <li>4. Assist in measuring the effectiveness of CFTs through survey of families and professionals</li> </ol>	<p>SOC</p>	<p>6/2008  6/2008  6/2008  6/2008</p>	
<p>23. Increase community collaborative efforts</p>	<ol style="list-style-type: none"> <li>1. Move from contracting the community collaboration position to a full-time LME position</li> <li>2. Identify and meet with all churches in the area to explain the LME's new responsibilities. Get feedback on how they can help support the system</li> <li>3. Meet with NAMI, MH Association, AA Groups, NA Groups, etc. to explain the new role and responsibilities of the LME. Ask for suggestion on how they can help support the system</li> <li>4. Develop Peer to Peer Support Groups in all four counties</li> <li>5. Develop relationships with VR and local businesses to develop additional employment opportunities.</li> </ol>	<p>CEO  Community Collaborative  Community Collaborative  Community Collaborative Community Collaborative</p>	<p>7/2007  7/2008  7/2008  7/2009  1/2008</p>	<p>CFAC  CFAC  CFAC VR, local business'</p>
<p>24. Develop Housing alternatives for consumers in the catchment area</p>	<ol style="list-style-type: none"> <li>1. Submit a HUD grant to support 10 apartments for Eastpointe consumers</li> <li>2. Develop housing options for clients that are suffering from substance abuse</li> <li>3. Develop a comprehensive report of all housing options within the catchment area for the Access Department</li> </ol>	<p>Clinical Director, Housing Coordinator  Clinical Director Provider Relations  Collaborative Coordinator</p>	<p>7/2007  1/2008  7/1/07</p>	<p>DSS, Homeless Shelter Directors, law enforcement Homeless Shelters, Providers, CFAC</p>

## **Resource Allocation:**

### **Service Management**

Eastpointe supports 15.5 FTEs in Clinical Services, including 2 support staff and 2 program managers. Based on the Cost Model, there is a variance of 32% under the allocated FTEs in Service Management but a 13% overage in actual operating costs. Eastpointe budgets two FTEs from the Service Management department to the System of Care department. After-hours Access is provided via a contract with Real Crisis of Greenville. The contracted amount with Real Crisis is \$30,000.

The Cost Model allows for a total cost of \$1,952,351 and Eastpointe's budgeted costs total \$1,287,501 for a total variance of \$664,850. A portion of this variance \$153,760 is accounted for in the System of Care department and the other is to be utilized in the future by enhancement of the After-hour Access contract.

### **System of Care**

The System of Care Department funds a program manager, two allocated school liaisons and two community coordinators. The community coordinators are allocated by the Cost Model in the Service Management department. The program manager funding is received via an allocation from the Division and the school liaison positions are funded through the LME via a \$120,000 allocation. The cost of funding this department is \$414,643. The department does not compare to another Cost Model department but is budgeted via the Cost Model parameters and recommendations.

## **Business Rules:**

### **Enhancements:**

1. The Division's development of a standardized screening tool has been a positive step toward uniformity across LMEs, as well as the providers who choose to complete it. Standardization of as many processes as possible benefits the system and the consumers in efforts to develop efficient and timely delivery of needed services.
2. The consumers' ability to make an informed choice of his/her provider at the point of STR creates not only a sense of empowerment necessary for personal growth and well-being, but also contributes to an increased likelihood of desirable treatment outcomes.
3. Communication, collaboration and a true sense of partnership have been increased between the STR staff and the private providers due in part to scheduling appointments for callers while they are still on the line. By using another phone-line, STR staff calls a designated contact at the chosen provider agency and schedules appointments based on the consumers' preferences.

### **Inhibitors:**

1. Develop a level of care instrument for MH. Decide on a tool to use to determine the level of care. This should be done with/through the NC Council and used statewide.
2. Clear guidelines and consistent messages from the state are needed for reviewing authorizations and plans, i.e., 10% PCPs for Medicaid; 25% PCPs for non-medicaid.
3. The standardized screening tool lacks the content to allow the screener to make an accurate clinical judgment as it relates to intensity of need and/or presumed target population. The information collected by the screening tool appears to be heavily CDW driven. Overall, it is less clinically informative than Eastpointe's previous screening tool.
4. The expectation that all screenings be completed within 15 minutes is unrealistic and in some cases could be detrimental to the ability of the Access clinician to appropriately and completely triage the consumers' presenting need(s).

## #6 Quality Management

### **Mission:**

The mission of the Eastpointe Quality Management Department is to assess and improve LME functions and to improve the quality of service delivery and care for consumers.

### **Purchaser Standards:**

Eastpointe is guided by and complies with all applicable local, state and federal rules, mandates, and law, including but not limited to the purchaser standards identified in Communication Bulletin #68 Local Business Plan 2007-2010.

### **Current Operations:**

The Quality Management Department (QM) is responsible for identifying areas for which technical assistance is needed for the provider community and for the LME. The main goal of the department is to help determine outcomes of consumers in the Eastpointe catchment area and to establish trends and patterns through the use of data. The trends and patterns help management make decisions to improve the LME functions and to ultimately improve the behavioral healthcare of consumers served.

### **DATA ANALYSIS AND REPORTS/ DHHS PERFORMANCE CONTRACT**

The QM department is responsible for making sure that all compliance reports required in the Division's Performance Agreement is submitted in the timeframe as outlined in the DHHS Performance guidelines. Performance standards for the LME are reviewed each quarter and reported to the Eastpointe Leadership Team for review. Any out-of-compliance submissions or data requirements are identified and methods to increase these standards are put into place within the LME and throughout the provider community.

The Quality Management department is also responsible for tracking all the NC-TOPPS and Client Outcomes Initiative (COI) data for the LME. When data is not reported by providers, the QM department assists the provider in identifying out-of-compliance issues and helps to further increase the performance standards. At this time Eastpointe is currently out of compliance with NC-TOPPS standards. The main problem identified is that Eastpointe being one of the first LMEs to merge had no clear guidelines as to how to discharge current consumers and reopen the consumers' record into the provider systems. The QM department is attempting to resolve these issues with the Center of Urban Affairs, and should be in compliance by the first quarter of DHHS Performance Contract 07-08.

Another out-of-compliance performance issue identified within the DHHS Performance contract is with the Client Data Warehouse (identifying and demographic (record 10 & 11) records). QM has started making changes to move the collection of data to the Access Department so that the records can be submitted timely and will improve the performance standards. This will also help to increase admission data within the CDW system.

Eastpointe currently is addressing the performance requirement for Access to Urgent Care and Routine Care. Eastpointe has expanded the provider network and will begin to give alternative providers to clients only when there is an available appointment within the required time frame for urgent and routine care. This change will take place prior to 7/1/07.

Eastpointe recently divested of the substance abuse prevention services to the local 4H clubs in each county. The out-of-compliance reporting requirements have been addressed for the SA Block Grant requirement including deadlines and the 48 hour requirement for the Smoking Synar Amendment activity (smoking deterrent for youth), thus the performance measurements will improve. Improvement for this standard will be reflected in the fourth quarter of 2007.

Data from the Access Department is collected to ensure that all STR and phone system standards are met based on the requirements of the Performance Contract with the Division.

### QUALITY IMPROVEMENT

The QM Department conducts service delivery surveys that are periodically sent to all stakeholders which includes consumer satisfaction surveys. QM conducts LME employee satisfaction surveys. QM also conducts surveys with the provider network to make sure that the LME is providing the functions needed and/or desired by providers and consumers. Any improvements that can be made are reviewed by QM and committees are established to identify and resolve problems.

QM establishes a minimum of three QI studies and/or projects annually for the LME operations and functions that will enhance the quality of care for the consumer.

### QUALITY ASSURANCE

QM compiles and presents trend reports on all complaints and compliments received by the Customer Service Department. This information is presented to the Eastpointe Leadership Team, the Board and the Client Rights Committee. Results from all provider monitoring activities are compiled and presented to the same audience and are also posted in the Eastpointe Provider Newsletter.

Provider appeals are reviewed by a committee that meets monthly. Issues discussed in the committee are based on provider monitoring results and/or complaints or grievances from the provider. Another major role of QM is to develop training for LME staff and to development technical assistance and/or training for the entire provider network.

**Strategic Objectives:**

Objective	Strategy	Responsible Party	Target Date	Stakeholder Input
1. Oversight of client outcomes and data analysis- NC-TOPPS, DDCOI	<ol style="list-style-type: none"> <li>1. Review data collected via the NC-TOPPS and the COI</li> <li>2. Request raw data from the Division for catchment area</li> <li>3. Analyze data to determine outcomes received by consumers</li> </ol>	<p>QI</p> <p>IM</p>	<p>Reports generated by 7/2008 and ongoing</p>	<p>CRC,CFAC, Eastpointe Leadership Team, Board Members</p>
2. Develop reports and identify service utilization patterns to enhance the service delivery system	<ol style="list-style-type: none"> <li>1. Review utilization trends of services among IPRS Target Population categories</li> <li>2. Reduce hospital bed utilization</li> <li>3. Analysis data of crisis utilization patterns</li> </ol>	<p>QI</p> <p>IM Data Analysts</p>	<p>Reports to be generated for review by 7/2008 and ongoing thereafter</p>	<p>CRC,CFAC, Eastpointe Leadership Team, Board members</p>
3. Collect and ensure timely submission of Division compliance reports	<ol style="list-style-type: none"> <li>1. Manage timelines on all reports to be submitted by the LME</li> <li>2. Maintain and alert responsible party prior to report deadline</li> <li>3. Collect reports and submit to the Division</li> </ol>	<p>QI</p>	<p>Ongoing</p>	<p>CRC,CFAC, Eastpointe Leadership Team</p>
4. Conduct trend analysis of all functions identified in the Cost Model reference version 11/21/06	<ol style="list-style-type: none"> <li>1. Conduct annual needs assessment.</li> <li>2. Review trend analysis of community agency complaints</li> <li>3. Review overall quality indicators of system performance</li> <li>4. Review waiting lists and document of unmet needs</li> <li>5. Develop provider report cards for network providers</li> <li>6. Develop consumer and provider satisfaction measures</li> <li>7. Review trend analysis of current collected data of community agency complaints</li> <li>8. Conduct and process consumer satisfaction studies</li> <li>9. Review trend analysis of consumer timelines met in relation to emergent, urgent and routine care</li> <li>10. Review customer service data in relation to the services delivered by Access</li> </ol>	<p>QI</p>	<p>1/2008</p> <p>1/2008</p> <p>1/2009</p> <p>10/2007</p> <p>1/2008</p> <p>1/2009</p> <p>7/2007</p> <p>1/2010</p> <p>9/2008</p> <p>1/2008</p>	<p>Community Stakeholders, CRC, CFAC, Eastpointe Leadership Team, Board members</p>

5. Develop a system of care using evidence based best practice standards and compliance verification for EBP model fidelity	<ol style="list-style-type: none"> <li>Analyze current service providers and compare to EBPs</li> <li>Offer technical assistance or link providers to available trainings</li> </ol>	QI	7/2007-6/2010	Provider Groups
6. Provide technical assistance to private providers in the development and implementation of their QI Projects	<ol style="list-style-type: none"> <li>Identify 10 providers the first year to participate in the process</li> <li>Identify 20 providers to participate in the process the second year</li> <li>Identify 30 providers to participate in the process the third year</li> </ol>	QI/Private Provider/ Agency staff	1/2008 1/2008 1/2008	
7. Develop protocols for risk management and safety	<ol style="list-style-type: none"> <li>Review penetration data, client outcome reports, expenditure reports by population group, monitoring reports, Division performance reports to determine at risk areas</li> <li>Identify areas of LME risk, based on data collection</li> <li>Analyze data and address areas of high risk</li> </ol>	QI  QI  QI	9/2007  10/2007  1/2008	CRC,CFAC, Eastpointe Leadership Team, Board Members
8. Develop internal processes to monitor and evaluate the level of quality of the LME and provider community	Conduct provider surveys to access the LME functions annually	QI	7/2008 and ongoing	Provider Network, Board Members, CRC,CFAC, Eastpointe Leadership Team
9. Conduct trend analysis of internal LME operations	<ol style="list-style-type: none"> <li>Manage of state dollars</li> <li>Manage state facility usage</li> <li>Evaluate continuity of care from state utilization facilities</li> <li>Review care management of high risk consumers</li> </ol>	QI	7/2007 9/2007 1/2008  1/2008	Eastpointe Leadership Team, Board Members
10. Develop and conduct surveys of EBP and Promising Practices	<ol style="list-style-type: none"> <li>Determine consumer satisfaction</li> <li>Adhere to the model fidelity</li> <li>Determine consumers level of improvement</li> </ol>	QI	1/2008 1/2008 7/2008	
11. Review of Community Provider Network	<ol style="list-style-type: none"> <li>Review providers' compliance to the performance agreement</li> <li>Determine capacity of service provision</li> <li>Determine providers' ability to meet set standards (after care appointments)</li> <li>Determine providers' access standards</li> <li>Assure that plans of correction are developed and implemented</li> </ol>	QI	7/2008 and ongoing  7/2008 7/2008  7/2008 7/2008 7/2008	Provider Network, Leadership Team, Board Members, CFAC,CRC, consumers

	6. Assure the provision of referral information			
12. Compare population census disability prevalence data with LME consumer penetration data to develop a comprehensive system of services	<ol style="list-style-type: none"> <li>1. Gather state population census information</li> <li>2. Create reports locally on population of consumers served</li> <li>3. Compare the data by charting</li> <li>4. Determine gaps in services</li> <li>5. Establish needed services in catchment area with Provider Relations</li> </ol>	<p>QI</p> <p>QI/IM</p> <p>QI</p> <p>QI/Provider Relations</p> <p>QI/Provider Relations</p>	<p>7/2007</p> <p>8/2007</p> <p>8/2007</p> <p>9/2007</p> <p>9/2007 and ongoing</p>	
13. Ensure coordination between the LME and state agencies that would be involved in audit compliance measures	Assist Provider Relations to make sure staff is available to participate with state auditing and monitoring procedures	QI/Provider Relations	7/2007 and ongoing	Provider Network, Leadership Team, Board Members, CFAC, CRC

**Resource Allocation:**

The Cost Model budgets 2.5 FTEs for this department with a total cost of \$173,689 and Eastpointe currently budgets 3.0 FTEs for a total cost of \$226,335 for a negative variance of \$52,646.00. Eastpointe fully recognizes the value of the quality improvement process and budgets a full-time director for this position.

**Business Rules:**

Enhancements:

1. In the current system with so much uncertainty a QM section in the Cost Model has been beneficial to help organize and establish benchmarks for LME functions.
2. The State QI forum has been helpful in identifying issues for developing QM initiatives.

Inhibitors:

1. LMEs are unable to obtain information regarding services authorized for medicaid recipients. Eastpointe cannot look at penetration rates and are unable to determine frequency and intensity of service delivery.
2. There is limited amount of standardization that is required by the Division. If the LME had standard forms and system processes, it would make the IM section easier to manage. Each LME has its own standardized system for processing authorizations and claims. Standardization of processes would financially benefit LMEs by allowing software vendors to make system changes one time and deploy the changes to all contracted LMEs. This would decrease costs to the LMEs for system changes and yearly maintenance costs.
3. Identifying providers and appropriate clinicians for tracking out-of-compliance NC-TOPPS data is difficult. This could be corrected by adding the clinicians' ID number and name to the reports.

**Crosswalk of Key Functions to LME's Organizational Structure**

<b>LME Function</b>	<b>Per Cost Model Organizational Structure</b>	<b>Per LME Organizational Structure</b>	<b>Page # of Local Business Plan</b>
CEO	General Governance	General Governance	5
Board support and expense	General Governance	General Governance	3-4
Policy analysis	General Governance	General Governance	4
Human Resources	Business Management	Business Management/Information Management	10-11
Accounting/Budgeting/Payroll	Business Management	Business Management/Information Management	10
Financial reporting	Business Management	Business Management/Information Management	10&12
Claims processing, billing, payment	Claims Processing	Business Management/Information Management	11
CDW and IPRS reporting	IT	Business Management/Information Management	12
Provider endorsement and monitoring	Provider Relations	Provider Relations	21&23
Provider recruiting and contracting	Provider Relations	Provider Relations	22
Provider technical assistance	Provider Relations	Provider Relations	22-23
Handling provider complaints	Provider Relations	Provider Relations Customer Service	24 29-30
24/7/365 Access, screening, triage and referral	STR	Service Management	36
Consumer registration	STR	Service Management	36
Person Centered Plan reviews	Service Management	Service Management	35
State funded service authorization	Service Management	Service Management	35
Maintenance of waiting list for CAP-MR/DD Waiver	Service Management	Service Management	38
Care Coordination	Service Management	Service Management	35
Community Collaboration	Service Management	Service Management	37
System of Care and other interagency coordination/collaboration	Service Management	Service Management	36-37
Education to general public and activities to address stigma	Service Management	General Governance Customer Service	5 32
Consumer appeals and grievances	Customer Service	Customer Service	31
CFAC staff and expenses	Customer Service	Customer Service	31
Consumer education and outreach	Customer Service	Customer Service	32-33
Internal data analysis and reporting	Quality Management	Quality Management	45-46
Critical incident reporting	Quality Management	Customer Service	30
Quality Improvement studies	Quality Management	Quality Management	46
Develop and stabilize a highly qualified provider system	Provider Relations	Provider Relations	20&25-26
Implement comprehensive crisis services	Service Management	Governance Provider Relations Service Management	5 20&25 39&41
Assure a unified system and standardization	Service Management/ Provider Relations	Business Management/Information Management Provider Relations Customer Service Service Management Quality Management	18-19  21&28 31&34 44 45-46, 48&50
Develop opportunities for consumer employment	Service Management	Service Management	43
Develop opportunities for consumer housing	Service Management	Provider Relations Service Management	20 37&43