

<b>CHAIR/PRESIDENT</b>	Margaret Mason
<b>VICE CHAIR/ VICE PRESIDENT</b>	Tonya Oakley
<b>SECRETARY</b>	Safi Martin
<b>ATTENDEES</b>	Shannon Childress, Jasmine Burgess, Devon Cornet, Andrea Frierson, Lyndril Leonard, Darlene Norton, Tracy Frye, Martin Osteen, Rhonda Cooper, Kimberly Mitchell, Gary Meosky, Daontae Henderson, Connie Lowman, Khalil Nassar, Darren Staley, Allen Byrd, Sharon Wilcox, Donnie Thurman, Jana Brown, Boyce Smith, Traci Butler, Robin Devore, Ashley Conrad, Kimberly Yates, John Waters, Melaina Rhoney, Paul Caldwell, Beth Lackey

Agenda topics

- APPROVE SEPTEMBER COUNCIL MINUTES ALL
- OLD BUSINESS
  - Assigning/selecting new committee members (specifically for credentialing committee) VARIOUS
    - IDD
    - MH
    - SA
- REVIEW OF COMMITTEES: DATES, TIMES, CHAIRS
  - Quality Improvement-
  - Clinical Advisory-
  - Utilization Review-
  - Credentialing-
  - Global CQI-
- PROVIDER ONLY DISCUSSION ITEMS:
  - Update from Selection & Retention of Network Providers Policy Subcommittee
  - Update on recent Provider Focus Groups
  - Concerns or question about Credentialing process
  - Barriers to providing services – general discussion
  - Next meeting dates
- WORKGROUP ON REDUCING REGULATION REDUNDANCY (SB 453) TABLED UNTIL JULY
- PARTNERS UPDATES PAUL CALDWELL  
BETH LACKEY
  -

<b>AGENDA TOPIC:</b>	Approval of November Minutes
<b>DISCUSSION</b>	No minutes available to review due to technical issues.
<b>CONCLUSIONS</b>	

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

<b>AGENDA TOPIC:</b>	OLD BUSINESS – Credentialing Committee	
<b>DISCUSSION</b>	Committee vacancies?	
Pinnacle Family Services will send a non-managerial licensed person to the Credentialing committee		
<b>CONCLUSIONS</b>		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

<b>AGENDA TOPIC:</b>	Committee Reports	
<b>DISCUSSION</b>	<ul style="list-style-type: none"> <li>○ <b>Quality Improvement:</b> Met and continued to review routine reports (customer service reports, access to services, etc.) Continuing to see a decline in the number of calls coming in to Partners Customer Service. PBHM is doing very well with their key benchmarks in this area. Vast majority of authorizations are occurring in less than 14 days. CenterPoint has made initial &amp; concurrent authorizations for ACTT 12 months—as of Feb. 1<sup>st</sup>. Would like Partners to adopt this practice. Partners currently authorizes in 30, 60 and 90 day increments. CenterPoint has also increased the transition/step-down time to 90-120 days. Cardinal has the same authorization guidelines.</li> <li>○ <b>Clinical Advisory:</b> Kevin Oliver was absent and unable to give the report.</li> <li>○ <b>Utilization Management:</b> Continuing to discuss Foster Care and length of stay. Ongoing discussion about MST and the low utilization of this service. Each of the three agencies who provide MST have capacity, so committee is trying to determine where barriers exist to getting youth/families to this service. Easter Seals is seeing better utilization in the northern counties. Some discussion about DJJ provider preference driving this service. The concern above about ACTT authorizations will be directed to the UM Committee. Ashley will be sending out minutes from the most recent meeting. Committee members receive detailed reports and data, but larger Provider Council would just like to receive minutes from this committee rather than all reports. Continuing to have concerns with how subjective UM reviews and approvals can be. For some services that are intended to be pass-through funds get held up by folks in UM from time to time. The issue of inconsistency and subjectivity was also brought up in the recent provider focus groups. Providers are concerned that they are assuming risk on high-needs clients by starting them right away, yet assuming a financial loss should the service be denied.</li> <li>○ <b>Credentialing Committee:</b> Committee met twice in February. To date, committee is current with all applications. 527 new applications for fiscal year so far. 514 of those approved. 10 new agency requests were received and 9 were approved. 112 agencies have been</li> </ul>	

	<p>recredentialed. With new requirement for NP and mental health certification, applicants are submitting plans for transitioning clients out. Credentialing committee is interested in feedback from the Provider Council on how to move forward with credentialing these NPs.</p> <ul style="list-style-type: none"> <li>○ <b>Global CQI:</b> Met in February. Celena Moss (Chief Compliance Officer) attended. She presented on NC-TOPPS related to outcomes. Three qualitative items being monitored moving forward related to episode completion: <ul style="list-style-type: none"> <li>○ Increase in in-person and telephonic episode completion interviews to 50% (baseline is 40%)</li> <li>○ Increase to 60% for individual related to symptoms decreasing reported as “very helpful” for MH/SA providers/recipients (baseline is 49%)</li> <li>○ Increase in the % of individuals indicating “very helpful” for quality of life for adolescent MH/SA –benchmark is 50% and current baseline is 50%.</li> </ul> </li> </ul> <p>Partners indicated that this data is expected to be aggregate data across the entire network and not provider specific at this time. Providers are concerned that these expectations will be pushed down to individual providers across the network.</p> <p>Partners is waiting on data from the state related to other issues.</p> <p>Amy Dotson came to share info from the human rights committee. Two items that are trending are 1) medication errors; and 2) abuse and neglect reports. The human rights committee is unclear whether individual providers are holding their own committees, what is being reviewed, and what feedback is being provided from these internal committees. There will be an upcoming training related to this.</p> <p>Partners come to GCQI about the ECHO/Perception of Care survey and asked this committee to develop a plan to improve outcomes. In December, a Partners representative indicated that the only data included in MH/SA data. Committee recommended that only MH/SA performance indicators be implemented. Challenges included how vague the data was and how different the many MH/SA providers and services are. Two measures are: 1) Measure routine, urgent, and emergent care responsiveness; and 2) Duration of time between client presenting for treatment and finally getting the service (though this is primarily self-report from the Providers).</p>
<p><b>CONCLUSIONS</b></p>	<p>Regarding UM concerns: we will discuss this when Paul &amp; Beth join the meeting today.</p> <p>Regarding Credentialing NPs: Council recommends continuing business as usual, since there are no changes in place at this time. Council is aware that DMA is considering this issue.</p> <p>Regarding using NC-TOPPS as a measure of provider outcomes: Motion related to QCQI Committee: John Waters moved that Provider Council expresses support to our members on GCQI in developing mutual goals that support realistic and achievable outcome measures (NC-TOPPS) for the Provider Network. Melaina Rhoney seconded this motion. Motion carried unanimously.</p>

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
<p>Add NPs as standing agenda item. Also, add quarterly progress reports for Innovations to next agenda.</p> <p>Global CQI will move forward with finalizing by-laws and bringing them back to the larger council for approval prior to taking on any other tasks or assignments.</p>	<p>Safi Martin</p> <p>GCQI Co-Chairs</p>	

<b>AGENDA TOPIC:</b>	Provider Only Topics:	
<b>DISCUSSION</b>	<ul style="list-style-type: none"> <li>○ <b>Update from Selection &amp; Retention of Network Providers Policy: Sub-committee:</b> Deadline for providers to offer additional feedback with a deadline of Monday, Feb. 29<sup>th</sup> so that our feedback as a council</li> <li>○ <b>Update on Provider Focus Groups</b></li> <li>○ <b>Concerns or questions about Credentialing process:</b></li> <li>○ <b>Barriers to Approving Services:</b></li> <li>○ <b>Next meeting dates:</b></li> </ul>	
<b>CONCLUSIONS</b>		
<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>

<b>AGENDA TOPIC:</b>	Partners Updates	
<b>DISCUSSION</b>	<p><b>Beth Lackey:</b></p> <ul style="list-style-type: none"> <li>• Updates in the Provider Communication (passed out at the meeting and posted on the website) <ul style="list-style-type: none"> <li>--continuing to look at rates throughout the network and making adjustments for various services.</li> <li>--CANS tool implementation is being pushed out to April 1<sup>st</sup>. The Child &amp; Adolescent CANS tool will be used for children 0-6. Providers have concerns that this implementation not add any additional cost or administrative burden to providers and requested clarification on providers' ability to use other versions of the CANS in lieu of this version.</li> <li>--Partners is under a <b>mandate</b> related to the Transition to Community Living (TCL) population and getting <b>85 folks into housing</b>. This under the DOJ settlement recently reached. So far, just short of 30 have been placed in housing. Many more are in process, but this is a challenge. Partners is looking at incentives for providers who are willing to engage with this population and service. For all ACTT and CST providers (and other providers whose services intersect with TCL) will be expected to perform well to support this population and can expect increased pressures to assist Partners in accomplishing this mandate.</li> <li>--Additional clarification regarding B3 funding. Previously there was a cap on B3 funding in provider contracts, but these caps are being removed from the provider contracts moving forward. The intent with removing these caps is to allow more flexibility for providers and to get folks into these services more quickly and eliminate wait lists. State sent out JC 180 indicating that B3 is now an entitlement; however, they are now reconsidering this move. The language around entitlement is likely</li> </ul> </li> </ul>	

to change in the near future. The reality at Partners is there is plenty of B3 moneys available for the services. *Question from a provider related to Supported Employment and associated service definition & rates.* Partners encouraged providers to paint a clearer picture in the SAR process to get these services. *Can providers have access to the registry of unmet needs in order to reach out to folks who need the services?* Partners is open to this and has internal staff who are actively working on the registry. **Providers should send information about B3 openings to Tory Braswell or Randy Ross.**

--Provider Network changes: nearly 2 years ago, Partners split out provider monitoring. Partners will now be splitting this dept. further to assign both a provider network specialist as well as a provider monitoring specialist. The network specialist will be office-based and be available to do technical assistance, etc. with their assigned providers. This allows for cleaner work with providers and avoid any potential conflicts of interest internally. Goal is to roll this out by July 1, 2016.

**Paul Caldwell:**

- HUBs:
  - Cleveland County HUB is moving into the new Ollie Harris Building on March 14<sup>th</sup>. The new building is right behind DSS and the services are being provided on the end of building beyond the health dept. Look for open house coming soon. Three additional providers will be included in this HUB, but not decision making partners: Sparc Network, Pinnacle Family Services, and TASK.
  - Iredell County HUB will be physically adjacent to the facility-based crisis center (operated by Daymark). Partners has purchased the building and this has slowed this down somewhat. Daymark, Turning Point Homes, Childrens Hope Alliance and PQA are the primary partners.
  - Gaston County mini-HUB. Currently have the hospital and Gaston County Health at the table. At current Court Drive location, where Monarch & Phoenix share space, will be able do some physical health integration. Current challenge is working around the law governing treating presenting patients to the ER due to the location of the HUB.
- Awaiting the release from the Secretary for the Medicaid Waiver Plan that is slated to be released on March 1<sup>st</sup>. Conversations about former LME/MCO map of four being resurrected. If so, Partners will need to continue with conversations with SMC. Partners staff are continuing conversations and coordination with their counterparts at SMC. There is no firm conversations related to merger at this time.

<b>CONCLUSIONS</b>		
<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>