Cumberland County LME

Local Business Plan

2007-2010

Cumberland County CFAC:
"There is help…there is hope"

Approved: Area Board
March 7, 2007

Table of Contents

- Executive Summary Page 3
- Governance and Administration Page 5
- Business Management and Information Management Page 13
- Quality Management and Provider Relations/Development Page 21
- Service Management/STR Page 31
- Customer Services Consumer Affairs Page 40
- Organizational Chart Page 46

Approved: Area Board
March 7, 2007

Cumberland County Local Management Entity Local Business Plan 2007-2010

Executive Summary

Cumberland County Local Management Entity (LME) has approached mental health reform in a deliberate and thoughtful manner. Cumberland LME worked with the community to identify needs and gaps, strengths and weaknesses while continuing service delivery as divestiture was being implemented. In accordance with the mandates in legislation as well as Division guidance, no service was divested until there was a competent provider in place. After divestiture of two major programs later this fiscal year, the LME will be fully divested of all enhanced benefit services.

The LME understands and accepts the critical role of management of the public system of mental health, developmental disabilities and substance abuse services. It is noted that due to the high volume of out of county consumers being served in our area, the LME takes responsibility for ensuring that those consumers also receive services from qualified and culturally competent providers. When there are concerns, the LME collaborates with the home LME of the consumer as well as others.

Cumberland LME has experienced and capable staff in key management positions as well as a very involved area board and a committed Consumer Family Advisory Committee, all of whom approached the development of the 2007-2010 Local Business Plan as an opportunity to continue the high quality of services that were in place when the area program was the primary service provider (noting that the LME received national accreditation and re-accreditation for services through COA and will pursue accreditation as a management entity in the future). The LME is performing all functions outlined for an LME. The community has a large number of endorsed providers for enhanced benefit services and the LME is working to ensure we have the right number of providers at the right time for the consumers who need them. The LME will work with stakeholders to right-size the system to ensure that there are adequate competent providers to allow choice but also to evaluate the ability of providers to remain financially viable. There are strong collaborative relationships with County management, the legislative delegation, other community leaders and stakeholders to work with the LME in this process.

Cumberland LME is in compliance with the overall dollar amount of the cost model but is able to have more positions than identified due to salary, fringe benefits and operational costs being less than outlined in certain areas of the cost model. Total number of positions for the LME is projected to be 71 with the cost model reflecting 66.42 total positions. The LME has more staff in the Customer Services Department, where there are three full time staff dedicated to advocacy, which is above the number in the cost model. Again, the variance is within the 30% allowed.

Cumberland LME has worked diligently to obtain feedback from stakeholders in the development of this business plan. This document reflects the Local Business Plan that has been adopted by the Area Board, County Management, Consumer Family Advisory Committee and others. Feedback was solicited via public forums, community meetings, provider trainings,

surveys, one-on-one and small group meetings with consumers, family members and others as well as staff input and consultation with our legislative delegation. This plan will change as our community changes, and it is acknowledged that at this time, the impact from the Base Realignment and Closure (BRAC) remains to be seen. The LME Strategic Plan will address changes in services and funding needs based on BRAC with goals and objectives being modified accordingly.

The Plan includes major Strategic Objectives which include the following:

- Maintain fiscal stability for the LME
- Evaluate the crisis continuum of services and develop local and/or regional services
- Expand the school system initiative related to System of Care
- Analyze on an ongoing basis gaps and needs in the community continuum of care
- Develop formalized relationships with primary care physicians and others to expand access to psychiatric care for the community
- Analyze LME processes and modifying areas that will strengthen LME functions
- Enhance resources available to the provider community from the LME that will strengthen and right-size the provider community
- Expand opportunities for consumer and family involvement in all aspects of care
- Operationalize a management information system that will streamline LME functions
- Enhance housing, transportation and employment opportunities through strengthening existing community collaborations and identifying other partnerships
- Identify internal and external factors that will assist the LME in measuring the effectiveness of the public system of services in meeting consumer desired outcomes.

GOVERNANCE AND ADMINISTRATION

Mission:
The Governance and Administration of Cumberland County Local Management Entity is committed to facilitating access to high quality comprehensive services to children and adults with or at risk of mental illness, developmental disabilities and substance abuse problems. Services shall be rendered in a culturally sensitive manner designed to empower persons toward becoming independent in the community, implementing a recovery plan and maximizing their quality of life.

Purchaser Standards:

Cumberland County LME will comply with local, State and Federal rules, standards and protocols to meet purchaser standards including but not limited to those outlined in relevant House Bill 2077, and Memorandums and Communication Bulletins issued by the Division of MH/DD/SAS: Communication Bulletin (CB) #68: Local Business Plan 2007-2010, CB #60: Legislative Changes to the Area Board, CB #50: Approved Accrediting Agencies, CB #35: Policy Guidance for Crisis Services, CB #20: Evaluation of the Area Director; CB #11;Child Mental Health Plan and CB #7: Evidenced Based Practice-Adult MH.

Current Operations:

Area Board

Cumberland County has a strong involved Area Board with a good blending of seasoned Board members and new members. Board members are appointed by the County Commissioners, who solicit interested parties via public notifications as well as review recommendations from the Nominating Committee of the Area Board. The Board is comprised of 18 members, including two representatives from the Board of County Commissioners. The Board modified its composition in response to changes in legislation and administrative rules as outlined in Communication Bulletin #60 and is in full compliance with standards. Operating guidelines have already been modified to reflect current composition and compliance to new rules and the Executive Committee will be reviewing the Bylaws for changes that may be indicated, for final approval by the Area Board.

The Area Board and LME contract with an attorney for review of documents for legal sufficiency, personnel matters, policy and procedure review as indicated and review of subpoenas, other legal documents and other matters as necessary.

National Accreditation

Cumberland County LME has not selected an accrediting body for its management entity at this time. Staff have attended Division and other sponsored presentations on accreditation and is considering either COA or CARF accreditation. Accreditation will be achieved in accordance with guidance from the Division.

Approved: Area Board
March 7, 2007

Evaluation of the Area Director

The Area Director's Performance Evaluation is done in accordance with Communication Bulletin #20. This evaluation is done by each board member independently with scores then tabulated and averaged. Goals and objectives are established in accordance with the Performance Agreement with the Division and includes, but is not limited to (a) maintaining an effective working relationship with the Board of Directors and the Consumer Family Advisory Committee; (b) developing and maintaining effective relationships with the community and with state and local officials; (c) encouraging consumer and family participation in service planning and delivery; (d) recruiting, monitoring and maintaining effective relationships with the community of providers; (e) effective management of human resources; (f) ensuring fiscal stability of the LME; and (g) demonstrating effective leadership skills. Quarterly performance "benchmarks" have been developed and are reviewed as a pre-evaluation tool.

Crisis Services

The LME has been meeting on an ongoing basis with the local hospital to address deficiencies in the crisis continuum as well as to work with the hospital on taking on operation of the LME operated Roxie Avenue Center (non-hospital medical detox, facility based crisis, community respite for children). The two groups are also addressing challenges faced by the community due to the loss of local inpatient beds, failure by some providers to implement crisis plans for consumers and the large number of out of county consumers, whose clinical home is elsewhere, being in our community. The Area Director meets on a regular basis with others in the Crisis Alliance, analyzing current resources, gaps and needs and strategies. The Board strongly supports access to a comprehensive array of crisis services, noting the deficits currently existing particularly for DD consumers (partially due to providers having limited competency in crisis response for this population), children and for MI consumers who become involved in the legal system. The latter has been a significant concern for CFAC, who have goals to learn more about jail diversion programs. Acute inpatient admissions to state hospitals and days utilized are within bed days allocated for adults but exceed acceptable standards for children and adolescents.

The Strategic Plan of the LME supports a full continuum of crisis services that are in the community. Goals also address specific aspects of the screening, triage and referral system that will be modified, to include networking with another LME for performance of after hours STR and expanding the role of the LME in management of diversion cases.

Medical Director

The LME Medical Director provides clinical and administrative support to all departments within the LME with the position being funded through the Governance/Administration and Service Management Departments. Specific duties/functions include but are not limited to the following:

- Clinical Oversight
- Quality Management Oversight
- Utilization Management and Utilization Review
- Care Coordination
- Appeals Review
- Access to Care/STR Management
- Psychiatric Services
- Patient Assistance Program Coordination
- Collaboration with primary care physicians, the hospital, state institutions

Consumer Family Advisory Committee (CFAC)

Cumberland County LME, the Board and CFAC have maintained a strong effective working relationship since CFAC was formed in 2003. CFAC currently has 9 members who attend on a consistent basis. Two members have been on the State CFAC in the past. There was a very strong youth and family component in the past that led to a youth member being appointed to the State CFAC. With changes in legislation, youth are no longer able to be members; however, CFAC has requested that youth attend, not as members but as a link to the Community Collaborative to ensure that both groups are working in partnership to address needs of all of our consumers. A Board member is on CFAC and shares information between the two groups. There are designated staff to support CFAC and the majority of meetings are also attended by the Area Director. CFAC and the LME have hosted provider fairs, community events, legislative meetings, and public forums with plans to continue this partnership in the future. CFAC members review and provide ongoing feedback on the strategic planning efforts of the LME. CFAC completes a gaps and needs assessment at least quarterly and analyzes data. CFAC also provides written feedback for quarterly updates the LME submits to the Division, that includes the strategic plan, incident review and provider training and partnerships. CFAC completes a comprehensive review of critical incidents, analyzing trends by provider agency and type and comparing to past periods. Attention is also focused on out of county consumers and the impact on the community, which is also a key concern of the Area Board and County Management.

County Government Relations

The Area Board includes two County Commissioners, who also are members of the Program Services Finance Committee. The Area Director attends monthly County Department Head meetings and has regular communication with county management on key issues that may arise between meetings. County management is consulted on human resources, finance and budget and MIS issues. All budget matters are approved through the Area Board process and submitted to County Management and County Commissioners for their review and consideration, including quarterly fiscal management reports. County management staff and county commissioners receive Board packets for committee meetings and full Board meetings in addition to any other communications (written and via email) disseminated from the LME on key behavioral healthcare issues.

There is a monthly meeting attended by the DSS Director, Health Department Director and LME Director to ensure ongoing partnership and collaboration, monthly meetings with hospital administrators, and subcommittee meetings with department heads of the hospital from finance, admissions, behavioral healthcare and comparable LME representatives.

Qualified Provider Network Development

Cumberland County approached divestiture in a deliberate planned manner. The County is a low wealth county and does not have an abundance of large "deep pocket" providers. These factors were taken into consideration in developing our community of providers. For the past four years, the LME has utilized an RFP or RFI process for divestiture of services, when a limited number of providers were needed. For other services, the LME divested the service as community capacity was developed. It is noted that although there are a large number of service providers "endorsed," this does not equate to capacity. Some are not able to deliver services and meet staffing, MIS, authorization and timeliness of service standards due to insufficient cash flow. The LME works to nurture the providers while operating within accountability standards. The LME was able to successfully transition all ADVP consumers to three community providers, transitioned operations of the Community Developmental Day Center for DD children to another provider, ensure smooth transition of management and support activities for the adult MI supervised living apartments and close all child mental health group homes. Effective June 30, 2007 the LME will have divested all enhanced benefit services upon successful transition of PSR and the Roxie Avenue Center.

The LME offers technical assistance, training and monthly forums for providers to communicate critical information to them. Through the Quality Management, Provider Relations and Customer Services Departments, the LME is vigilant on strengths and weaknesses of our provider community. The LME will continue this process in partnership with our providers, to ensure that consumers are offered meaningful choice, person centered planning and service delivery in a culturally sensitive and competent setting. There is an ongoing challenge for providers and the LME in recruiting and maintaining a sufficient number of qualified and licensed staff in the area who are willing to work with the public behavioral healthcare system. Of further concern, that is addressed in the strategic plan, is the impact on the community of Base Realignment and Closure (BRAC) and the deployments from Fort Bragg that impact on our citizens, causing additional stressors on available resources and families, many of whom have no support system in the area.

The Area Board approved policies in 2003 that adopted Best Practices services as identified by the Division of MH/DD/SAS for each age/disability group for providers to be included in our community of providers. The Quality Management Department works diligently with providers on endorsement for enhanced benefit services and to assess the capacity of the provider community to deliver the services in accordance with the service definition and Communication Bulletin #55.

Community Collaboration and Planning

CFAC completes quarterly Service Assessments, noting what they feel are gaps and needs for the community. They then analyze this data. This is factored into gap and needs information compiled by the LME and through participating in other community events, including the United Way, JCPC, and Cumberland County Business Council needs assessments. As gaps are identified in certain areas, the LME works with providers, if the need is for a particular service, and with other stakeholders if the need is one that can only be addressed by collaboration among a diverse group of stakeholders.

The LME has staff involved in key county-wide projects including the Child Fatality Prevention/Community Protection Team, Juvenile Crime Prevention Council, Continuum of Care, Transportation Advisory Board, Disaster Planning and Preparedness, Gang Awareness and Prevention Program, Juvenile Assessment Center, Intensive Services Network with DJJ, C.O.L.O.R.S., Carolina Collaborative Community Care, Inc., Criminal Justice Partnership, Cumberland County Hispanic Initiative, Child Homicide Identification and Prevention Task Force, Homeless Coalition, Mental Health Partners to list a few. Through partnerships, the community has developed the "CCFBI or Cumberland County Faith Based Initiative," to match services and needs of families with resourced compiled through the CCFBI. This initiative is co-chaired by a representative of the faith based community and the hospital administrator for outpatient behavioral healthcare services.

Through partnerships with other key child serving agencies, the LME is working diligently to ensure System of Care is implemented in one of our high risk school districts. This is a collaborative effort on behalf of the LME, Board of Education, law enforcement, DJJ, DSS, GAL, providers, non-profits and consumers/family members.

The LME Housing Specialist has developed excellent relationships with developers and realtors in the community to expand housing options for persons with disabilities. This person also works closely with the Homeless Coordinators of Services funded with PATH dollars. Training and technical assistance are offered to providers with the strategic plan addressing the objective of expanding assessment of living arrangements for consumers in the STR component to begin earlier identification of this stressor.

Cumberland County LME publishes an Annual Report for consumers, community stakeholders, county officials, and legislators. The report documents services, expenditure of funds by age and disability and details accomplishments during the past year. Other information on initiatives and plans for the next year are highlighted. The report is included on the LME web site as well with hard copies printed for distribution and use by others.

Strategic Objectives:

Expand public awareness activities to increase awareness of citizenry regarding MH/DD/SAS concerns

- Responsible Staff: Administration, Customer Services
- Stakeholders: Community citizens, CFAC, providers, media
- Target implementation: July 1, 2007 and ongoing

Integrate behavioral healthcare services into the general healthcare system by facilitating co-location of mental health practitioners in primary care offices and building strong partnerships with Carolina Community Collaborative Care, Inc.

- Responsible Staff: Administration, Quality Management
- Stakeholders: CFAC, CCNC, medical professionals in the community, providers, hospital
- Target Implementation: July 1, 2007 and continuation of efforts for the next three years

Expand and strengthen natural support and recovery resources through support of the CCFBI and evaluating use of MH Auxiliary and liaisons between volunteers, consumers and the LME

- Responsible Staff: Administration, Customer Services
- Stakeholders: MH Auxiliary, providers, religious community, CFAC, United Way, County Business Council, Community Collaborative
- Target implementation: July 1, 2007 and ongoing
-

Maintain fiscal stability for Cumberland County LME through continued review of financial position, expenditures, revenue generating opportunities, community needs and communication with county and state officials

- Responsible Staff: Administration
- Stakeholders: County Management, Area Board, CFAC
- Target implementation: July 1, 2007 and ongoing

Facilitate at least two planning/training meetings for the Area Board specifically on areas related to mental health transformation and the changing roles of the Area Board

- Responsible Staff: Area Director
- Stakeholders: Area Board members, County Management, Division
- Target implementation: September 2007 and ongoing

Clarify roles of provider community and LME such that LME performance impacted by provider performance is maximized.

- Responsible staff: Administration, Quality Management, Provider Relations
- Stakeholders: Providers, CFAC, Advocacy Groups
- Target implementation: September 1, 2007 and ongoing

Enhance crisis continuum of care including training of community partners on crisis intervention and response

- Responsible Staff/Departments: Administration, Quality Management, Provider Relations
- Stakeholders: Providers, CFAC, law enforcement, hospital, DSS, DJJ, AOC, EMS, magistrates, primary care physicians
- Target implementation: January 1, 2008 with training to occur at a minimum annually

Review Evaluation Plan submitted with original business plan, noting Critical Indicators defined for positive consumer and LME/provider outcomes and revise accordingly. Implement regular review and measurement/reporting of critical indicators of organizational performance and/or consumer/family outcomes

- Responsible Staff/Departments: Administration, Quality Management, Customer Services, Business/Information Management
- Stakeholders: Providers, CFAC, Advocacy Groups
- Target date for completion: January 1, 2008 and ongoing

Evaluate the feasibility of implementing jail diversion program in the community in collaboration with enhanced training of law enforcement personnel in the crisis intervention techniques

- Responsible Staff: Administration, Quality Management
- Stakeholders: all law enforcement agencies, county management, CFAC, judges
- Target implementation: September 2007 for feasibility study of jail diversion; training to begin no later than January 1, 2008 and continue on an annual basis

Assess impact of deployment and BRAC on the community and expand system of supports and services accordingly

- Responsible Staff: Administration, Quality Management, Customer Services, Business/Information Management
- Stakeholders: Military (Garrison Commander, Family Advocacy, Social Work Services and any other departments deemed appropriate by the military), County Management, Business Council, CFAC, United Way, non-profits, providers

- Target Implementation: January 1, 2008

Resource Allocation:

Cost model indicates there should be a total of 5.6 FTEs dedicated to the Governance and Administration functions of the LME. The LME actually has 5.5 FTEs. The cost for personnel for this function is $391,743, a variance of less than 30%.

The Governance and Administration component of the LME is comprised of 5.5 positions as detailed here:

Area Director: 1.0
Executive Assistant: 1.0
Clerk to Area Board: 1.0
Clerical Support to Administration: 1.0
Public Affairs/Information Officer: 1.0
Medical Director: .5

Business Rules:

Enhance the Efficiency and Effectiveness of Cumberland County LME:

1. Cumberland County Commissioners elected to continue operations of the public behavioral healthcare system as a single county management entity. There are strong positive interactions between County Management and the LME that strengthen the functioning of the LME.
2. The Area Board has allocated resources to assist the LME in performing functions when the original cost model did not do this (i.e. monitoring of providers). This has allowed the LME to enhance the quality of the providers in the community as well as coordinate/cooperate with regulatory and accountability agencies.

Inhibit Efficiency and Effectiveness of Cumberland County LME:

1. LME is held accountable for performance standards which providers are responsible for administering. Although LMEs may work diligently to assist providers to comply, ultimately it is the LMEs performance rating that is impacted. Suggest these measures be included in provider profile with accountability standards included or for mechanisms to be developed for providers to enter data directly to the Division.
2. Contract management protocols require all contracts, other than emergency contracts, be processed through the Board Committees and the full Board for approval prior to implementation. This process at times hinders management's ability to effectively develop the provider community in a timely manner.
3. The lack of coordination between DMA, DMH, ValueOptions and the LMEs has led to over-capacity of unqualified/inexperienced providers without the fiscal infrastructure to function effectively. This has negatively impacted the quality of services to consumers and continuity of care. LMEs have not had access to needed data to manage the local system.

Business Management and Information Management

Mission:

Business Management and Information Management for the Cumberland County LME will support efforts of the LME to ensure availability of MH/DD/SA services to citizens of Cumberland County through:

- Analysis of needs
- Maintaining solvency and financial viability
- Providing timely management information
- Paying providers on a timely basis
- Meeting all the reporting requirements of the DHHS Performance Contract and purchaser standards
- Contract with qualified providers as required
- Recruit appropriate staff to carry out the mission of the LME

Current Operations

Business Management answers to the Finance Officer who answers to the Area Director. Business Management includes Accounting, Claims Management, Contracts Management and Facilities Management.

Information Management answers to the MIS director who answers to the Area Director.

The Human Resources Officer answers to the Area Director. Included in this department is staff development and training.

The Finance Officer supervises the Accounting, Claims Management, Contracts Management, and Facilities Management functions. This position is responsible for all aspects of the budget, risk management, reports to the Area Board, state, county, and Area Director, represents the LME in various work groups, meetings and organizations.

The accounting functions include budgeting, accounts payable, purchasing, payroll, contracts payment and reporting.

- Budgeting is performed within the county system as required by G.S.-159 by the Finance Officer and his designated staff members. The budget is subdivided into cost centers by LME, disability, and specific function.
- Financial reporting to the State, County and Area Board is performed by the Finance Officer and his designated staff members. One primary person purchases all supplies using the purchase order and requisition procedures established by the county. This position also advertises and keeps official records for all RFP's.
- Three staff members, one of whom is a first level supervisor, are responsible for payroll, accounts payable, contract provider payments, posting revenue and assisting with budget

as required. They are all cross trained as backup for the other functions. One also is also the backup for purchasing and purchasing is cross trained in payroll.

- The Accountant I is the supervisor of Accounting and Claims Management as well as the backing up to the Finance Officer.

Claims Management is responsible for adjudication of claims, billing IPRS and all other payers, working with IT in system development, reporting of receipts by category to management and the County, correcting errors, documentation of refunds, and bad debt processing. The supervisor of Claims Management, the Reimbursement Officer, answers to the Accountant I. The Reimbursement Officer has two lead workers cross trained as backup and four other staff members cross trained in their functions.

The Facility Manager is responsible for all real assets and vehicle maintenance. This position maintains and programs the telephone system and network, coordinates major maintenance issues with the county which holds title to the assets, and arranges for repairs under $5,000 with other vendors. This position is also responsible for risk management of physical hazards and training of staff concerning those issues.

Contract Management is part of Business Management rather than Provider Relations as the Cost Model indicates. This office produces all contracts and MOA's, answers to the finance officer concerning payment rates and funding of contracts, works with providers and their insurance companies to assure that providers are correctly insured, tracks the expiration of all contracts and MOA's, tracks the expiration of insurance required in contracts and MOA's, works with Quality Management on endorsement status and compliance of providers and validation of information submitted for MOA processing, consults with attorneys on legal sufficiency of non-standardized contracts, works with Provider Relations at contract inception and renewal, informs management of violation of contract or MOA requirements by providers and informs providers of the consequences of violation.

Cumberland County Mental Health has developed a system for human resources management that is designed to give fair and equal treatment to all, while ensuring the ability of the LME to provide the highest level of services and support to the consumers and providers in our catchment area. Our responsibility is to recruit, employ and retain a staff of the highest competence and ethical standards in order to execute the mission and goals of the Cumberland County Mental Health Local Management Entity while ensuring that we are in compliance with all federal, state, and local laws, policies and procedures that relate to employment.

Human Resources includes the Personnel Officer and an assistant per the cost model. The Human Resource function consists of the following duties and responsibilities:

- <u>Recruitment.</u> Workforce needs are met through a systematic recruitment process to ensure that the Office of State Personnel regulations and Cumberland County guidelines are met. Our recruitment process identifies, selects and develops the human resources necessary for present and future work.

- Staff Development. The Human Resources Department administers a comprehensive staff development and training program for our employees beginning with new employee orientation and continuing throughout their career to enhance the knowledge, skills and abilities of our employees to more effectively and efficiently conduct the mission of Cumberland County Mental Health. We also conduct all mandated training on an annual basis for things such as workplace harassment, OSHA and HIPAA standards and many others.

- Employee Relations. The Human Resources Department is responsible for developing, implementing and administering all personnel policies and procedures necessary for the efficient and fair treatment of all staff members without regard to race, sex, creed, ethnicity, physical handicap or other protected class or condition. The Human Resources department mediates, investigates and resolves all internal grievances and disputes that employees may encounter in their day to day working environment. The department administers the disciplinary policies and procedures in compliance with all applicable laws and regulations, and serves as a consultant to management and employees on action that is appropriate in the disciplinary and appeals process.

- Position Management/Salary Administration. The Human Resources Department maintains a position management and salary administration system to ensure compliance with all governing policies and procedures of State Personnel and Cumberland County and that all employees are correctly and fairly compensated for their work. Job descriptions for each position are developed, reviewed and revised in order to reflect changing nature of our work. The department maintains a complete personnel file on each employee of the LME and ensures that all staff are reviewed annually in a timely manner.

Information Management is responsible for providing services necessary to support the information processing and reporting needs of all departments within the LME, as well as activities required to meet local, state and federal requirements. These responsibilities include:

- Hardware Support

Information Management is responsible for the installation, configuration, training and support of all computer hardware used within the LME. This responsibility includes installing and configuring all personal computers and peripherals, training end users on installed personal computers and peripherals and operating a Help Desk for users to call when they experience hardware problems or failures. Department staff will respond to troubleshoot and correct these problems or failures.

- Software Support

Information Management is responsible for the installation, configuration, training and support of all computer software used within the LME. This responsibility includes installing and configuring software that is used on all personal computers and peripherals. Training of end users on software is also a responsibility of the department. Users can call a Help Desk

when problems and/or questions arise. Department staff will respond to answer questions and/or to troubleshoot and correct problems.

- Local Area Network

A responsibility of Information Management is to install, configure and support the Local Area Network used by the LME. This includes all Servers, Routers, Switches and Communication Lines used by the Local Area Network. The department is responsible for all routine network maintenance along with troubleshooting and correcting all network problems that may arise.

- Software Development

Information Management has the responsibility of software development to be used by areas within the LME. This development responsibility includes performing systems analysis to determine software specifications, designing software to meet specifications, developing program code, testing and debugging program code and software implementation across intended areas within the LME.

Information Management also has the responsibility of working directly with a software Vendor to implement the software solution that was purchased from the Vendor. Areas of responsibility include table building, testing, training and conversion.

- Security

The security of the Local Area Network is also the responsibility of Information Management. The network is protected from unauthorized access, spam and virus attacks at multiple points with solutions provided by multiple vendors.

- Statistical Reporting and Analysis

Information Management is responsible for collecting, analyzing, and preparing data for management reports used by LME administration to meet Federal, State and Local reporting requirement. This includes developing data collection methods and report formats and layouts.

- CDW Reporting

Information Management is responsible for reporting Client Data Warehouse information to the state each month. This includes generating and submitting test data files to the CDW test area at the state, downloading all errors generated by the test file, correcting all errors by researching errors and making corrections to data within the Uni/Care software system. A final data file is sent to the CDW production area at the state when errors have been corrected.

STRATEGIC OBJECTIVES:

Review and revise web site to enhance communication and education opportunities for providers, consumers and the community.

- Responsible Staff: MIS, Quality Management, Public Relations, Provider Relations
- Stakeholders: Providers, CFAC, consumers, advocacy organizations
- Target Implementation: July 2007 and ongoing

Recruit, retain and motivate the talent needed to fulfill the LME's needs. This includes identification of and implementation of strategies to successfully recruit for key LME positions and to evaluate and address any retention problems identified.

- Responsible Staff: HR Director, LME Management Team
- Stakeholders: LME staff and management, recruitment pool for Cumberland County LME catchment area.
- Target Implementation: July 2007 and ongoing

Provide training, development and education of staff to promote individual success and increase overall value to the LME. This includes the following:

√ *Provide appropriate and timely training to meet the needs of staff and the demands of the LME.*
√ *Enhance existing new employee orientation program to better meet the needs of the LME by providing a heightened emphasis on organizational values and to accentuate that each employee contributes to the success of the program.*
√ *Enhance and value the diversity in the workplace by providing training in cultural and linguistic competency for all staff.*
√ *Revise current Staff Development policy*

- Responsible Staff: HR Director, Management Team and input from LME staff
- Stakeholders: LME staff and management
- Target Implementation: September 2007 and ongoing

Develop position classifications to appropriately reflect the duties and responsibilities reflected in job descriptions of LME staff

- Responsible Staff: HR Director
- Stakeholders: LME staff and management, county HR, Office State Personnel
- Target Implementation: September 2007 ongoing

Inspire and encourage a high level of employee morale through prompt resolution of employee grievance issues, employee concerns, incentive programs and human relations activities

- Responsible Staff: HR Director, Management Team, Employee Incentives Committee and the Human Relations Committee, with input from LME staff
- Stakeholders: LME staff and management
- Target Implementation: September 2007 and ongoing

Streamline contracts management protocols to allow for more timely processing and implementation of contracts

- Responsible Staff: Business Management, Quality Management, Provider Relations
- Stakeholders: Providers
- Target Implementation: September 2007 and ongoing

Review current report utilized for estimating and tracking encumbrances for state funded services for use in the Service Management Department.

- Responsible Staff: MIS, Service Management
- Stakeholders: Providers, other LME staff
- Target Implementation: September 2007 and ongoing

Develop protocols for receipt and posting of PCPs received from providers through the Service Management Department

- Responsible Staff: MIS, Service Management, Quality Management
- Stakeholders: Providers
- Target Implementation: December 2007

Complete conversion of electronic billing by providers through Profiler:

- Responsible Staff: Business Management, MIS, Service Management
- Stakeholders: Providers, CFAC
- Target Implementation: July 1, 2008

Complete conversion of state reporting to upgraded system with Profiler

- Responsible Staff: Business Management, MIS, Service Management
- Stakeholders: Providers
- Target Implementation: July 1, 2008

Adopt protocols to streamline the service budget with the County to facilitate management of scare resources

- Responsible Staff: Business Management, Service Management, MIS
- Stakeholders: Providers, County Management
- Target Implementation: July 1, 2008

Create and implement a provider tracking system with Profiler that will be integrated with other Cumberland LME functions, to enhance the effectiveness and efficiency of provider related activities

- Responsible Staff: MIS, Quality Management, Provider Relations, Service Management, Business Management, Customer Services
- Stakeholders: Providers, CFAC
- Target Implementation: December 2008 and ongoing

Complete full implementation of Profiler to achieve automated claims management and records

- Responsible Staff: MIS, Business Management, Service Management
- Stakeholders: Providers
- Target Implementation: July 2009

RESOURCE ALLOCATION:

The current staff allocation is 23 FTE for all functions including Contract Management. The Cost Model includes Contract Management in Provider Relations so this is a variance with the Model which appears to show 19.6 FTE. The Model budget is $973,976 excluding other functions that are a part of the Business Management/Information Management organizational structure for Cumberland LME. Our budget with all functions included is $1,117,559. The variance is 15% which is within the 30% allowed.

Chief Finance Officer: 1.0
Contracts Manager: 1.0
Risk/Facility Manager: 1.0
Accounts Manager: 1.0
Accounting Specialist: 2.0
Accounting Technician: 2.0
Lead Staff in Patient Relations: 2.0
Patient Relations Staff: 4.0
Administrative Support: 2.0
Human Resources Director: 1.0
Human Resources Assistant: 1.0
MIS Director: 1.0
Computer Consultant: 2.0
Computer Technician: 1.0
Information Processing Assistant: 1.0

BUSINESS RULES:

Enhance the Efficiency and Effectiveness of Cumberland LME:

1. Cumberland County has a strong financial position and experienced fiscal management staff. The operating protocols developed in conjunction with County Management have enabled the LME to be fiscally sound and continue operations when there may be challenges in receipt of or processing of payments due to changes.

2. Cumberland County has partnered with other stakeholders in the community in seeking grants and alternative funding sources to ensure that consumers, who did not qualify for public funding through the mental health system, were able to receive services. This collaboration has led to new initiatives and pooling of resources across public, private, non-profit and faith based groups.

Inhibit the Efficiency and Effectiveness of Cumberland LME

1. The LME has not been able to implement Profiler. LME has not been able to operate at maximum efficiency in some areas. Part of the difficulty with Profiler has been due to the lack of consistency, continuity and direction from DMH and DHHS. These contribute to the LME having to change organizational structure and staffing to manage the changes while still working with UniCare and the Consortium of LMEs utilizing Profiler on implementation issues. Continuity and consistency of direction from DMH and DDHS would result in better utilization and allocation of resources. It would also improve our ability to recruit and retain qualified staff.

2. Software development and testing with UniCare has been delayed due to changes outlined above. This has led to increased costs to the LME. The LME works to maximize use of staff time. Having to continue testing the system only to determine that what we have been doing will not work increases frustration and takes time that would have been dedicated to other duties. Other ways that operations would be different include the following:
   - Improved ability to recruit and retain competent provider network.
   - Less confusion among providers as to requirements and regulations.
   - An automated and integrated UM/UR and claims management system.
   - Automated adjudication of claims
   - Paperless electronic submission and adjudication of payment claims
   - More rapid authorization of client services and payments to providers

3. The LME's current computer system does not have the capability to provide data for all of the QM/Provider Relations functions. The LME with a consortium of three other LMEs, has been working diligently for full implementation of Profiler. However, this has not yet occurred. This is leading to many projects having to be completed in a more labor intensive manner.

Quality Management
Provider Relations and Development

Mission:

To implement a Quality Management Program for ongoing evaluation, oversight, monitoring and compliance that includes the provider community, consumer outcomes and the LME based on standards of Best Practice for all domains. Through a comprehensive CQI process, including analysis of gaps and needs, the LME will recruit, develop and maintain a network of quality providers to meet the needs of Cumberland County citizens.

Current Operations:

Many of the functions outlined in the Cost Model for Provider Relations and Development have been performed through the Quality Management Department. Thus, these two LME functions will operate jointly under one department.

Community needs and service gap analysis:

The LME actively seeks and recruits community providers to meet the needs of Cumberland County consumers. In conjunction with CFAC and other needs assessments, the LME analyzes existing service capacity, expected and historical penetration rates by age and disability group, and data from external sources on housing, homelessness, unemployment, state operated services utilization, involvement in the criminal/juvenile justice systems, incarceration rates, maltreatment of children and adults, and information specific to the military in our community. It should also be noted that based on Division data, the prevalence rate for adult and child consumers with MI is above the state average as is the average for adult SA; however, other areas are below the state average. It is also seen that the data on timely initiation and engagement in service by providers is below the national standards. This will be addressed through continued work with providers on developing capacity, analyzing provider performance, consumer outcomes and satisfaction with services.

Through the needs assessment process the LME identifies documented unmet service needs as well as hears from others of “apparent” consumer specific needs. The community is defined as a low wealth community that has a high tax basis in comparison to similar communities. The community has historically been a low recipient of state dollars for services, which has impacted on the ability to serve individuals who did not have Medicaid. Current unmet needs include specialized housing and supportive services for adult MI consumers who have been in state hospitals for extended periods of time, all ASAM levels of services for substance abuse consumers, a comprehensive array of crisis services, psychiatric services particularly for children (current waiting list of over 250 children for initial contact with psychiatrist), specialized services for the Hispanic/Latino population as well as resources for the Native American citizens in our community. Although the LME has access to a Gero-Speciality Team, this has not enabled the community to have the geriatrics hospitalized at DDH to return to the community.

Quality Management (QM) System:

The QM system establishes the overarching framework for assessing and improving services, supports, operations and financial performance. Connecting this to the Provider Relations and Development functions of the LME allows a comprehensive system for working to ensure that consumer needs are met through development of a strong, clinically competent, culturally responsive, financially viable provider community. The two key components of this system are Quality Assurance (QA-"monitoring of externally imposed requirements for system operations to ensure that minimal standards are met for service provision, protection of consumer rights and fiscal responsibility") and Quality Improvement (QI-"internally generated self evaluation and improvement efforts to ensure continuous progress toward meeting optimal standards as defined by consumers, families, stakeholders and the mission"). The QM Department within the LME is strong and has established positive working relationships with all stakeholders to accomplish its mission. The Provider monitoring described below highlights part of the QA process as does endorsement and contracting.

Quality Assurance

The LME submits all reports to the Division in a timely manner for compliance review in accordance with Performance Measures outlined in the Performance Agreement. The LME analyzes performance in key areas and develops plans to address areas that do not at least meet standards. For those areas that meet standards, the LME analyzes what needs to occur for a best practices rating and develops plans accordingly.

Key areas utilized for outcomes measurement include assessing coordination of care, in conjunction with the Service Management Department to promote positive outcomes for consumers. Data is analyzed on utilization of state dollars, services authorized compared to claims submitted, timely submission of information to the LME in all areas, documentation and compliance to core rules/integrity of the service definition. The LME has started to review individual provider compliance to areas noted in the Performance Agreement for the LME, i.e. NC-TOPPS, NC SNAP, DD COI, STR access to care for urgent, emergent and routine consumers. As provider compliance in these areas reflects on the LME, the LME is working diligently to identify training and technical needs from providers as well as accountability issues.

The QM staff are also analyzing the performance of the LME relative to implementation of the plan to address over-utilization of state hospital bed days noting gaps in the availability of resources to move consumers to less restrictive settings. Continuity of care from state facility to the community is reviewed with the STR department to determine responsiveness of providers to transition of consumers to the community and problems in accomplishing this, which are often tied to the lack of access to psychiatric services. The LME is partnering with the hospital to analyze provider compliance to first responder and continuity of care mandates for consumer care. Through this process, the crisis continuum is reviewed along with highlighting areas for the LME to monitor or offer technical assistance to providers and advocacy for consumers and family members.

The LME utilizes various tools in performance of these duties, including surveys with providers, consumers, and community stakeholders. Division sponsored satisfaction surveys are analyzed by the LME with feedback to QM staff and the providers, CFAC and other stakeholders. Providers complete surveys after focused technical assistance to assist the QM staff in strengthening their presentations and relationships with providers. Through partnership with the Customer Services Department, complaints are handled, with the QM staff assuming the role to work with the provider and Customer Services functioning as an advocate for the consumer should an investigation need to occur. Staff in the two departments have developed flow charts to ensure complaints, grievances and appeals do not fall through the cracks. The LME has also developed a Provider Data Base for tracking when information is due, i.e. plan of correction, site visit, review, complaint resolution, monitoring report, etc. Reports are generated from this data base and reviewed in weekly team meetings. To address STR and compliance to time frame for services based on urgency of need, the MIS Department has developed a tracking data base that allows QM staff to review at anytime number of referrals, urgency of need and whether the consumer was offered, attended, declined an appointment or if an appointment was not available. The accuracy of the information on any given day is determined by information being received by the LME.

Provider Endorsement and Contracting:

The LME offers all providers Pre-Endorsement meetings prior to submission of the Division approved application for enhanced benefit services. In these meetings, Quality Management staff walk the provider through the endorsement process, highlighting key areas on the application, reviewing guidelines on documents that must be submitted with the application, reviewing the requirements for delivery of each service, clarifying time frames and giving the provider a comprehensive packet of materials, including LME staff names and contact information. Providers are encouraged to contact staff prior to formal submission of the endorsement application to ensure that once the application is submitted the provider is ready for the clock to start. Upon receipt of an application, the QM staff follow agency policies and procedures developed in accordance with Communication Bulletins on Endorsement (CB #44, #47, #55). The LME reviews provider readiness and capacity to deliver services in accordance with CB #55, noting that many providers attest they have staff but have not received referrals or not considered delivery of certain services due to what are perceived to be financial disincentives (community support team). This contributes to a false sense of capacity. When possible endorsement activities are coupled with monitoring activities to avoid disruptions for the providers and consumers.

All providers meeting the requirements for endorsement are given the opportunity to sign an MOA. Contracts management staff work in concert with QM staff to assist providers in achieving compliance to any terms of the MOA that are problematic, which for many are related to the insurance. Once compliance is achieved, MOAs are signed and processed. For those providers, who will also serve state funded consumers, state standardized contracts are completed simultaneously with the MOA process when possible.

Provider Monitoring

Cumberland County has historically been one of the "child group home capitals of the state", having a substantially larger than expected number of child residential providers, the majority of whom were serving children from other counties. There were demands on community resources because of this, including the public mental health system, DSS, law enforcement agencies, school system, court system, hospital and other crisis systems, and the juvenile justice system. Prior to Senate Bill 163, the LME was not able to respond to providers in the community unless the provider was under contract with the area authority. With the change in rules, the LME readily embraced provider monitoring. The original cost model did not allocate sufficient resources for the LME to perform its duties; in response to this, the Area Board elected to fund additional positions to ensure a comprehensive monitoring and compliance component for the LME.

In accordance with rules outlined in 10A NCAC 27G .0600, monitoring occurs in response to complaints, incident reports, crisis response, on a routine basis and by request. The LME reviews all Category A and B providers, from a quantitative and qualitative perspective. Frequency of monitoring is defined in Agency procedure, noting that providers may be subject to more intense and frequent reviews based on complaints, performance issues and requests from DFS, DSS, Accountability and consumers. Monitoring and plans of correction are guided by a checklist of performance indicators, developed by the Division that is based on administrative rules and statutes. The Quality Management Department assigns a team leader to each provider who serves as the agency point of contact for the provider. The team leader serves as a liaison to other departments within the LME as indicated and also as a point of contact for consumers, family members, other LMEs and community stakeholders who need information on an identified provider. Plans of correction are reviewed with the LME offering focused technical assistance to providers when this is indicated to assist with ensuring quality services are provided. The LME has not developed a confidence assessment rating for providers due to the lack of standardized benchmarks for frequency and intensity of incidents by age/disability and provider category. There further are limitations in the ability of the LME to identify specific provider reporting deficits (i.e. NC-TOPPS, NC SNAP, etc.) in a timely manner. The LME looks forward to documents from the Division in this area to ensure that information provided to consumers, family members and other stakeholders on providers, is as objective as possible.

In partnership with Customer Services, QM staff receive and review incident reports from all community providers. The QM staff provide monthly reports to the area board on all incident reports received, analyzing trends seen by incident and provider type, while noting those for in county and out of county (a major concern of community stakeholders). The QM staff also complete the Quarterly Incident Report for the Division in addition to a separate quarterly report that reflects all incidents by provider, that is reviewed and analyzed by CFAC. QM staff incorporate Provider Level I data into reports to the Board and CFAC. Staff are in the process of developing protocols for review of first responder and crisis capabilities of providers on a broad scale basis (currently this occurs in conjunction with other monitoring activities but not on a comprehensive basis).

Requests from other LMEs for reviews of providers in the Cumberland County area are completed in a timely thorough manner. The LME networks with other LMEs via the QI and Provider Relations Forums of the Council of Community Programs, in the development of standardized communication protocols relative to monitoring and other compliance issues. The LME works closely with other monitoring and regulatory agencies, including DFS, Program Accountability and DSS, to ensure that there is no duplication of monitoring. Close partnerships have developed with these agencies that have led to a more pooling of resources and complementing of efforts. This has impacted positively on consumer outcomes as well as provider compliance and performance.

Provider Recruitment/Selection:

The LME continued contracts for state funded services with providers who have been under contract with the LME in the past and successfully delivered services with positive consumer outcomes. Due to limitations on state dollars, the LME has not been able to expand the network of state funded providers to any large degree. Providers for state funded services follow the same endorsement protocols as Medicaid providers. As noted, the LME has a closed network for state funded services due to factors outlined above. The LME has solicited providers to assume divested LME services via RFI and RFPs. This has led to the LME successfully divesting services that historically had been identified as “sacred” for the public sector to operate (Spainhour Center and Fuller Center). Through well organized, thoughtful, planning processes that included all stakeholders (particularly consumers and family members), these services have been divested to private providers with very successful outcomes for the consumers and providers. Although the LME has informed the community of need for specialized providers in certain areas, it has been difficult to recruit them due to regulatory barriers, financial disincentives in addition to risk factors from working with volatile consumers who are used to secure settings. This has led to a small number of providers responding to requests for expansion of their service array. There has been an overabundance of providers wishing to become endorsed for certain services, such as community support, but it is noted that their ability to successfully deliver the service while maintaining fidelity to the service definition has been limited. Although the LME has solicited substance abuse providers, there continue to be a limited number of endorsed providers. QM staff are currently working with two additional providers for SAIOP. The LME through the QM Department will continue to solicit providers for the enhanced benefit services, emphasizing the need for utilizing evidenced based or best practices models for service delivery.

Provider Relations Specialists assist providers in navigating the contract process for receipt of a state standardized contract for non-Medicaid consumers. These staff work in concert with the Contracts Management staff to process applications through the Board committee and full board.

Provider Network Maintenance

All staff of the Quality Management/Provider Relations Department and Customer Services Department are available to providers to assist them in successfully delivering services to consumers. It is critical for the stability of the provider community that the LME communicate information in a timely manner. Providers have verbalized frustrations with the degree of change

and lack of certainty on rules; however, the LME continues to provide updates and clarifications as soon as they are received by the LME. The following principles contribute to the philosophy of the LME that focuses first on consumer needs/outcomes while also ensuring fair treatment of and accountability for all providers.

- ✓ Timely communications using email, mail, newspaper, provider newsletter, provider forums, trainings and other communication methods to provide information on Division, ValueOptions, DFS, DMA updates, communication bulletins and enhanced implementation updates, training opportunities and service gaps and needs.
- ✓ Assignment of team leaders for each provider to address technical assistance and compliance needs. As indicated, individual and group trainings on specific topics are arranged at no cost to the provider.
- ✓ Availability of contracts management staff
- ✓ Clearly defined explanation of LME and Division contract expectations
- ✓ Opportunities to partner in identifying, designing and implementing service initiatives, such as mobile crisis team
- ✓ Equitable, responsive resolution of complaints and grievance

Quality Improvement

The QM Department has multiple projects throughout the year focusing on improving the LME and consumer outcomes. Projects are submitted for review by the Division in accordance with standards outlined in the Performance Agreement. The LME has submitted five projects for consideration each year, with the LME receiving a best practices rating this past year. Through these projects, the LME has learned a great deal about the community, service transition and consumer needs, that is then factored into provider development and service delivery. The LME is in the process of reviewing QI reports from providers. This information will be analyzed and a synopsis given to the provider community, noting strengths, challenges and training needs.

Strategic Objectives: (Note: Quality Management designation includes Provider Relations)

Enhance monitoring efforts to incorporate monitoring of enhanced benefit services by providers into existing monitoring protocols, with a special emphasis on integrity of the service and quality of first responder activities.

- Responsible Staff: Quality Management Director
- Stakeholders: Providers, CFAC
- Implementation Date: July 1, 2007 and ongoing

Conduct ongoing gaps and needs assessments in the continuum of care

- Responsible Staff: Quality Management, Customer Services, MIS,
- Stakeholders: Providers, CFAC, community partners
- Target Implementation: July 1, 2007 and ongoing

Develop protocols for review and analysis of provider QI projects to ensure a consumer oriented focus on best practices, person centeredness and positive outcomes

- Responsible Staff: Quality Management
- Stakeholders: Providers, CFAC
- Target Implementation: July 1, 2007 and ongoing

Recruit and develop two providers for Adult MI high management consumers to assist with transition of consumers from the state hospital

- Responsible Staff: Quality Management; Provider Relations
- Stakeholders: Providers, CFAC, state hospital
- Target Implementation: July 2007 and ongoing

Analyze provider capacity to serve consumers (in accordance with CB #55) at least quarterly; based on data solicit providers of best practices services in areas identified as insufficient to meet consumer needs

- Responsible Staff: Quality Management
- Stakeholders: Providers, CFAC
- Target Implementation: July 1, 2007 and ongoing

Implement a Provider Report Card in accordance with Division standards that reflects a confidence assessment by the LME of each provider

- Responsible Staff: Quality Management
- Stakeholders: Providers, CFAC, Division, QI Forum of N.C. Council
- Target Implementation: September 1, 2007 and ongoing

Review existing procedures for dispute resolution regarding LME decisions with a contractor or former contractor or other relevant party, as described in G.S. 122C-151.4 to ensure compliance with DMH policies, procedures and rules. Through this process, the LME will modify the LME Review Panel for decisions as applicable.

- Responsible Staff: Quality Management, Service Management, Administration
- Stakeholders: Providers, CFAC
- Implementation Date: October 1, 2007 and ongoing

Increase compliance rating of the LME relative to statistical reports for providers (i.e. NC-TOPPS, NC-SNAP, DD COI) and maintain existing compliance ratings in CDW such that all are meeting expectations or best practices rating
- Responsible Staff: Quality Management, MIS
- Stakeholders: Providers
- Target Implementation: October 1, 2007 and ongoing

Enhance outcome management, data tracking and analysis, provider monitoring and case management/care coordination through improved communication with other LMEs and state agencies

- Responsible Staff: Quality management, Customer Services, MIS, Service Management
- Stakeholders: Providers, CFAC, state operated services, DFS, DSS, DMH
- Target Implementation: December 1, 2007 and ongoing

Develop comprehensive data base for all monitoring/accountability activities of providers to ensure maximum utilization of resources with no duplication of efforts

- Responsible Staff: Quality Management, MIS, Customer Services, Service Management, Business Management
- Stakeholders: Providers, consumers, community partners, CFAC, Area Board
- Target Implementation: January 1, 2008

Develop protocols for assessment of indicators that serve as potential risk to the LME.

- Responsible Staff: Quality Management, Administration, Business Management, MIS
- Stakeholders: CFAC, Providers, County Management
- Target Implementation: January 1, 2008 and ongoing

Implement system to track consumer choice of providers and coordination of care by providers

- Responsible Staff: Quality Management, MIS, Customer Services, Service Management
- Stakeholders: Providers, CFAC
- Target Implementation: January 1, 2008 and ongoing

Utilize standardized outcomes measurements from the Division for specific disability/age specific outcomes studies

- Responsible Staff: Quality Management, MIS
- Stakeholders: Providers, CFAC
- Target Implementation: January 1, 2008 and ongoing

Identify factors that appear to be correlated with providers not initiating services in a timely manner and not continuing care in accordance with national standards for all disability groups. Performance will be improved by 50% within 6 months of implementation.

- Responsible Staff: Quality Management, Service Management, MIS
- Stakeholders: Providers, CFAC
- Implementation Date: July 1, 2008

Improve the ability of Cumberland County LME to measure success of the local system of services by identifying, developing and measuring additional internal and external outcomes

- Responsible Staff: Quality Management, MIS
- Stakeholders: Providers, CFAC
- Target Implementation: July 1, 2008

Identify critical quality indicators with consumers, family members and providers and develop process for measuring progress toward meeting these, on an individual consumer basis as well as for the provider agency

- Responsible staff: Quality Management, MIS, Customer Services
- Stakeholders: Providers, CFAC
- Target Implementation: July 1, 2008 and ongoing

Increase penetration rate for DD and SA consumers to state average and increase penetration rates for MI consumers to established rates per national statistics

- Responsible Staff: Provider Relations, Service Management, QM
- Stakeholders: Providers, CFAC, MIS
- Target Implementation: July 2008 and ongoing

Assess provider needs relative to training on first responder, crisis management and competency with population being served and establish baseline performance for each provider. Use baseline to identify/offer relevant training/technical assistance such that provider performance shows an increase in competency in identified areas (with degree of improvement determined by baseline provider functioning)

- Responsible Staff: Quality Management, MIS
- Stakeholders: Providers, CFAC
- Target Implementation: July 1, 2008 and ongoing

Develop protocol for analysis of consumer needs for housing and employment services and incorporate into Service Management protocols relative to STR

- Responsible Staff: Quality Management, Service Management, Customer Services, MIS
- Stakeholders: Providers, CFAC, Housing Specialist, VR
- Target Implementation: July 1, 2008 and ongoing

Resource Allocation:

As noted, the Quality Management Department of the LME encompasses functions and duties outlined in the Cost Model for Provider Relations and Development as well as Quality Management. This component of the LME is comprised of 16 staff as compared to 12 listed in the Cost Model. This is detailed below and is within the 30% variance of the cost model. Total cost for this component is $903,106.10.

Quality Management Director: 1.0
Provider Relations Director: 1.0
Quality Assurance Specialists: Outcomes/Evaluation Specialists: 2.0
Quality Assurance Specialists: Compliance/Monitoring: 7.0
Data Management: 2.0
Provider Relations Specialist: 1.0
Clerical Support: 2.0

Business Rules:

Enhance the Efficiency and Effectiveness of Cumberland County LME:

1. Local monitoring of providers in accordance with SB 163 has enhanced the role of the LME as manager of the public service delivery system. There have historically been a large number of out of county consumers being served in our catchment area. Being able to monitor the providers, regardless of the home county of the consumer, has led to a higher quality of services in our community for all consumers.

2. Statewide standardization of the contract for state funded services and the MOA for enhanced benefit services has decreased the perception of LME subjectivity relative to expectations for a provider. This has led to a decrease in disagreements and increased the focus on seeing the LME as a technical resource.

Inhibit the Efficiency and Effectiveness of Cumberland County LME

1. Provider endorsement according to Communication Bulletin #44 is flawed. Providers need only have information on paper without any documentation of training, experience, competency or capacity and they are able to become endorsed providers. This has created significant risk factors for consumers and the community and compromised the integrity of service delivery. Providers should be required to meet essential elements, including training of staff, etc. prior to assuming responsibility for consumer's lives.

2. The LME must accept an endorsement from another LME and sign an MOA with any willing and able provider, regardless of whether the provider has a location or is within the geographic area of the LME. This is leading to an undue burden on the LME staff to process paperwork and monitor compliance. There are also inherent problems relative to access and responsiveness of the provider when their office/staff are several hours away.

3. There is no competency based system for determination of the ability of a Qualified Professional to supervise others. For licensed staff, there are standards that must be met to provide clinical supervision of another professional. This is not true for QP supervisors. There are problems in our community with lack of understanding and competencies of QP level staff to supervise others. This is leading to critical failings by the provider agency in multiple domains, which again impacts on the quality of services to consumers. There needs to be a system for certifying someone as a supervisor prior to them being able to supervise and teach others.

Service Management

Mission:

To plan, develop, implement and monitor services in the Cumberland County LME area to ensure expected outcomes for consumers within available resources to include access for all citizens, ensure that consumers of public behavior health services have access to core services, determination of appropriate level and intensity of services, care coordination, utilization management, utilization review, and community collaboration.

Current Operations:

The Service Management Department is composed of Screening, Triage and Referral, and Utilization Management/Review and Care Coordination. Community Collaboration is conducted in conjunction with the Customer Services Community Affairs Department.

Screening-Triage-Referral (STR)

The STR Department provides access for all citizens to publicly funded behavior health services. Cumberland County LME has implemented a 24 hour a day, 7 day a week screening triage referral process through the use of a 1-877 number and clinical staff available to conduct telephone and face-to-face screening to determine the acuity of need and the appropriate level and intensity of care needed for consumers. Calls are answered within 6 rings. Based on new format established in Enhanced Implementation Update #14, a Uniform Screening and Registration format is utilized. The LME provides training and ongoing technical assistance to providers on registration issues to ensure compliance to CDW reporting requirements and to facilitate processing of service authorizations when indicated.

Staff provide consumers choice of community providers of needed services for both Medicaid and non-Medicaid consumers. Referrals for services are tracked by staff to determine if consumers are seen in the emergent – 2 hours, urgent – 48 hours, or routine – 7 days time frames and if providers are conducting appropriate follow-up to missed appointments. STR tracks after hours face-to-face contacts by the community providers.

STR is the point of contact for State hospital admissions and tracks bed day authorizations in conjunction with the Care Coordination unit. The STR unit coordinates with State institution staff to secure discharge appointments for consumers discharged from institutions to ensure appointments are available within 5 days of discharge with a community provider. If the provider agency cannot secure an appointment with a psychiatrist, the STR staff will coordinate with the Medical Director, access to needed psychiatric follow up services.

Initial authorizations for state funded (IPRS) services are provided for the first 30 days of service by STR staff to allow providers to complete PCPs with the consumers based on established UR guidelines and guidelines provided in Implementation Update #11. STR is the point of contact for consumer choice of providers using the endorsed provider list.

Care Coordination

Service Management staff performs care coordination function as liaisons to Dorothea Dix Hospital, Mental Retardation Centers, the local inpatient unit and other State institutions, correctional institutions and emergency services in order to facilitate admissions, aftercare planning and discharges for those consumers. They are responsible to ensure that consumers are connected to providers and other supports and services in the community to facilitate their discharge to the community.

Experienced staff in all three disciplines – Mental Health, Substance Abuse and Developmental Disabilities - work with those consumers in crises to be able to negotiate the service delivery system until they can be linked with local providers. Coordination of services is conducted with consumers, families and providers to ensure appropriate services are provided as needed and to assist providers with development of PCPs with complex cases to ensure appropriate use of best practice services. In conjunction with Customer Services and Consumer Affairs Department staff work to ensure LME, provider agency, appropriate community agency/organization and consumer network participation in Child and Family Teams.

Staff maintains the CAP waiting list, serve on the committee that prioritizes the waiting list, and assist consumers and providers with information about CAP waiver services and system issues. In collaboration with UM staff, Customers Relations and QM staff care coordinators identify consumers with complex clinical concerns and high cost plans of care to review and to assist the providers and consumers to develop PCPs for effective and appropriate care for these consumers using best practice services. This unit provides guardianship services by consumers deemed incompetent by the courts and assigned as wards to the LME.

The LME also provides care coordination through the Regional TASC program to coordinate services to those consumers in the adult criminal justice target population through TASC's established relationships outlined in DHHS-DOC-AOC-MOA. Services provided by 2 Regional Deaf Services positions continue to be a function provided by the LME in Service Management based upon Communication Bulletin #58.

The LME is partnering with Carolina Collaborative Community Care (4Cs) to expand access to psychiatric consultation and services for individuals receiving services from their primary care physician. The concentration initially will be on high risk consumers. 4Cs is applying for funding to support co-location of clinicians in selected primary care provider offices that have a high volume of Medicaid consumers who also have behavioral health issues. Forms are being finalized for written and telephone consultation between the LME psychiatrist and primary care physician as well as timely access to appointments for those who need a face to face evaluation with a psychiatrist. 4Cs will provide information to the LME on behavioral healthcare providers who appear to be providing a high volume of services to consumers so that the LME can review plans, services being provided and monitor the integrity of the service being provided. Coordination with the clinical home of the consumer will be facilitated through the partnership.

Utilization Management (UM)

To conduct Utilization Review for all State (IPRS) funded services provided to consumers in the LME area in accordance with established guidelines and guidance in Implementation Update #11. Review of authorization requests for these services based on the quality of development of the plan, evidence of person centeredness, use of best practice service interventions, natural and community supports and the adequacy of the crises plans.

The unit reviews requests for state funded services from community providers to determine if the services requested meet medical necessity criteria. Decisions are based on medical necessity criteria and utilization management level of care guidelines that have been established by the LME to determine the units of service that may be appropriate for the consumer. Reviews of re-authorization requests for services for consumers are conducted to determine whether they continue to meet medical necessity criteria for the requested services.

Authorizations for IPRS funded services for the initial thirty day period are processed through STR based on Utilization Management guidelines. UM staff review PCPs and Diagnostic Assessments provided with the authorization request submitted after the initial thirty day authorization to support the initial, and any subsequent, requests for services. Those requests that are evaluated as not meeting medical necessity based on information submitted are pended in the UM system and returned to the provider for correction or for submission of additional documentation. Those requests that are incomplete - no PCP submitted, no services indicated on PCP or request, etc., are returned to the provider without action for completion and/or submission of appropriate documentation. These requests are processed and a written response forwarded to the provider within five days.

Prior to a denial of a service, requests are also reviewed by the UM Director. If the denial is upheld, the Medical Director reviews the request. The Medical Director reviews Policies and Procedures of the UM Department as well as a random sampling of overall utilization review decisions. UM staff review a random sampling of Medicaid PCP's, in addition to all of the Medicaid PCP's that include a State funded service, to determine whether they meet quality standards and medical necessity. Staff provides technical assistance to providers on a case by case basis in development of plans, use of natural and community supports, and development of crises plans. Staff assists the QM Department in targeted reviews of providers. Concurrent reviews are conducted to evaluate such issues as whether providers are following through with appropriate contact after referrals from STR, the quality of diagnostic assessments, and whether the providers are following the service definition for specific services such as Community Support. This unit works closely with QM in reporting patterns of quality issues with specific providers and their failure to provide best practice clinical care.

Community Collaboration

Community Collaboration is shared with Governance, Quality Management/Provider Relations, Customer Service/Consumer Affairs and Service Management in order to develop and to maintain effective relationships with Local and State governmental officials, schools, Adult and Juvenile Justice Systems, local hospitals and primary care providers, DSS, law enforcement, and

the courts. This allows for a comprehensive approach to working with stakeholders and regulatory bodies. Service Management provides input into the completion of annual assessment of community strengths and needs related to natural and community supports available to consumers in the community and through best practice services in conjunction with the QM, Provider Relations and Customer Affairs Departments.

Public Affairs/Information and Customer Services take the lead in collaborating with other community partners to expand prevention and wellness activities and promote recovery model in Cumberland County. The Customer Services Department is actively involved in the identification of and development of community resources both for non-target population individuals as well as consumers of enhanced benefit services. The Customer Services Department is actively involved in the identification of and development of community resources both for non-target population individuals as well as consumers of enhanced benefit services.

The LME will monitor compliance to the MOA signed by the Chief District Court Judge, Chief Court Counselor, Superintendent of the school system, DSS Director and LME Director through the QM Department. Other formal MOAs, such as those developed with the health department, law enforcement, DOC, etc. will also be reviewed and modified as appropriate.

Strategic Objectives:

Implement a "mystery shopper" process to monitor adherence to STR standards for response to all calls within 6 rings.

- Responsible Staff; STR, Customer Services
- Stakeholders: LME, Consumers
- Implementation Date: September 2007

Consumers screened to have urgent needs for services will be seen within 48 hours and routine needs for services will be seen within 7 days of the initial screening with ratings in the Performance Contract meeting standards or best practices.

- Responsible Staff: STR, Provider Relations, Quality Management
- Stakeholders: Consumers, Providers, Family Members
- Implementation Date: September 2007

To electronically enhance the initial authorization process to allow more of the process to occur through a web based system to decrease labor intensity of the current process.

- Responsible Staff: MIS, Service Management
- Stakeholders: Providers, STR
- Implementation Date: December 2007

To ensure provider agencies are utilizing care coordination resources to conduct Child and Family Team meetings to ensure PCPs are developed using natural and community supports and implementation of appropriate best practice services to be able to serve the child in the least restrictive manner.

- Responsible Staff: Service Management, QM, Provider Relations
- Stakeholders: Consumers LME, Providers
- Implementation Date: December 2007

Implement a more efficient electronic system of tracking high end users of behavior health services in order to provide more effective and efficient care coordination and planning. This will assist in prioritizing the need for concurrent reviews.

- Responsible Staff: Service Management, MIS, Quality Management, Business Management
- Stakeholders: Consumers, Community Providers, Family Members
- Implementation Date: December 2007

Increase access to crises services through expanded use of Mobile Crises Team Services from current usage for emergent situations by working with law enforcement, community hospital staff, school system, advocacy organizations, and other community providers to increase familiarity with the service and knowledge of access to the service.

- Responsible Staff: Provider Relations; STR, Customer Services
- Stakeholders: Consumers, Community Agencies, Community Providers
- Implementation Date: January 2008

Implement a more effective electronic system for tracking services received by consumers to ensure consumers are receiving all appropriate and authorized services in a consistent and a timely manner.

- Responsible Staff: Service Management, Quality Management, Provider Relations, MIS
- Stakeholders: Consumers, Family Members
- Implementation Date: January 2008

Timely answering of calls (within 6 rings) will be measured for compliance through a dedicated monitoring process that is fully implemented.

- Responsible Staff: STR , MIS , Facility Management
- Stakeholders: Consumers, Family Members
- Implementation Date: June 2008

Analyze, with QM Department, the first responder plans of providers for initial crisis plans and fully developed crisis plans (submitted with PCPs) for completeness, implementation and effectiveness in responding to consumer needs. Percentage of consumers with crisis plans who become involved in law enforcement, emergency department, DSS or other community agency

due to failure to implement crisis plan or incompleteness of crisis plan will be determined with plans of correction being requested and/or technical assistance being provided.

- Responsible Staff: Service Management, Quality Management
- Stakeholders: Providers, hospital, law enforcement, DSS, EMS
- Implementation Date: June 2008 and ongoing

Implement an electronic system to track complex cases and consumers with high cost plans to be able to monitor total array of services received, plan development, implementation of services, cost of services and appropriateness of PCP's developed for the consumers.

- Responsible Staff: Service Management Director, Customer Relations Consumer Affairs Department, MIS
- Stakeholders: Consumers, LME, Providers
- Implementation Date: June 2008

Electronically enhance the concurrent review selection protocol to ensure the review of 10% of PCPs and Plans of Care for Medicaid services to look at appropriate plan components to include quality of plan development, evidence of person centeredness, use of Evidence Based Practices, natural and community supports and the adequacy of the crisis plans.

- Responsible Staff: Service Management, MIS
- Stakeholders: Consumers, LME, DMA
- Implementation Date: June 2008

To provide technical assistance to provider agencies in defining medical necessity, developing PCPs, goal writing, development of crises plans, authorization criteria, provider duties and responsibilities inherent in service definitions, Child and Family Teams, and business practices related to the authorization process

- Responsible Staff: QM, Provider Relations, Service Management
- Stakeholders: Providers, Consumers, LME, State
- Implementation Date: June 2008 and ongoing

To develop a protocol to address the issue of consumers receiving IPRS funds for residential services while also receiving CAP waiver services to be able to more effectively and efficiently manage use of IPRS funds using State and local guidelines.

- Responsible Staff: Service Management, QM, Business Management
- Stakeholders: Consumers, Providers, LME
- Implementation Date: June 2008

Reduce adult admissions to State hospitals such that bed day usage falls below allocated bed days by expanding use of local housing resource as well as local crises services, and ADATC for those with acute Substance use issues and Mental Retardation Centers for those with emergent and urgent situations.

- Responsible Staff: STR, Service Management Director, Quality Management, Provider Relations
- Stakeholders: Consumers, Family Members, State Institutions, Community Providers; CCMHC LME
- Implementation Date: June 2009

Expand crises services to include the establishment of crises respite beds and local access to inpatient services for children and adolescents in order to divert admissions from State hospitals, reduce unnecessary admissions to the local hospital and allow more individuals to remain in the community and to intervene as quickly and as effectively as possible.

- Responsible Staff: Medical Director; Service Management, Area Director
- Stakeholders: Consumers, Family Members, Community agencies, Community Providers
- Implementation Date: September 2010

Electronically enhance the processing of authorization requests in order to increase efficiency and effectiveness of the UM unit in order to be able to focus more on the quality of PCPs and crisis plans.

- Responsible Staff: Service Management, MIS
- Stakeholders: Providers, LME, Consumers
- Implementation Date: June 2010

Resource Allocation

The LME has 20.5 positions dedicated to the performance of Service Management functions, including all aspects of UM/UR and STR. This is below the number of positions outlined in the cost model. Total personnel costs for the LME are projected to be $1,160,599, a variance of lkess than 30%..

Service Management Director: 1.0
UM/UR Coordinator: 1.0
Screening Triage Referral Unit Coordinator: 1:0
Medical Director: .5
Access Specialists: 6.0
DD Specialist: 1.0
Care Coordinators: 2.0
Care Managers: 2
Computer Consultant: 1.0
Support Staff: 5.0

Business Rules

Enhance the efficiency and effectiveness of the Service Management Department of Cumberland County LME.

1. The standardized STR format has enhanced the LME's ability to track consumer referrals and helped increase the ability of the LME to determine if consumers' services have been initiated and if they are receiving appropriate services in a timely manner. Prior to the initiation of this standardized form and procedure it was difficult to ascertain which providers, if any, were providing services to any given consumer. Providers are becoming more conscious of the need and the value of submitting these forms in a timely manner.

2. Key Service Management functions are to be performed by licensed and/or credentialed staff in age/disability areas. This ensure a higher degree of clinical expertise in making decisions on urgency of need and presumed target population as well as services that appear indicated based on medical necessity, diagnosis and best practices.

Inhibit the Efficiency and Effectiveness of the Service Management Department of Cumberland County LME.

1. Providers can perform STR functions with no requirement that they meet the same standards as the LME. Providers are also responsible for ensuring consumers are contacted based on the assessed level of acuity whether emergent-2 hours, urgent-48 hours, or routine-7 days and coordinating care. Providers should provide data to the LME; however, this does not always occur. This makes it difficult for the LME to meet the performance ratings of the LME in the performance agreement. Providers need to be held to the same standards as the LME if they perform LME functions. The recommendation is that LME functions only be performed by LMEs with the exception of a situation that the LME has a need due to staff limitations or geographic region to expand beyond the LME. There may also need to be some authority resting with the LME to ensure the time frames are met by the provider community based on acuity assessed. The failure of a provider to submit needed information to the LME relative to registration of a consumer, initiation of services, etc. should be included in the provider profiles/report cards being developed.

2. The LME must utilize licensed/credential staff with expertise in each age/disability area for key Service Management duties. Due to the limitations in the pool of qualified applicants, the LME has experienced difficulties in hiring licensed/certified staff in all areas. There are highly qualified staff due to training and many years of experience that would be as capable as licensed/certified staff. It is recommended that consideration be given to equivalences of training and work experience for licensure/certification if there are limitations in the applicant pool for a community.

3. Frequent changes to procedures and processes related to provision of behavior health services lead to confusion and lack of continuity from and for the providers as well as the LME. It is

challenging to establish effective local systems for managing services and ensuring consumers receive appropriate and necessary services. A method to address this issue would be to have a protocol that would allow sufficient time for LMEs and community providers to institute system changes.

Customer Services/Consumer Affairs

Mission:

To ensure consumers are provided with supports, tools and skills needed to be involved in all aspects of services, to respect the values of consumers and protect their rights. The Department will be person centered and focused on empowering consumers to work toward becoming independent and to maximize their quality of life.

Current Operations:

Satisfaction Surveys

Customer Services staff facilitated completion of the Division sponsored satisfaction survey during the past year. Advocates worked with providers on distribution and completion of the surveys in accordance with Division guidelines. Advocates were also available to assist consumers who needed or requested assistance in completion of the document. Data from surveys is analyzed by the QM Department.

Complaints:

The LME has a systematic process for receiving, reviewing and responding to complaints.

- Complaints may be filed in writing, by fax, by telephone, email or face to face. There is also a direct line for Customer Services.
- All complaints are recorded by the administrative staff and logged into a data base. Information is then accessible for tracking, analyzing, trending and completing reports for the LME as well as the Division. Each referral is assigned to one of three Advocates within the Department. This person then functions as the point of contact for the complainant throughout the process.
- Information on complaints is shared with the Quality Management Department to ensure coordination of investigations, where applicable, related to provider issues.
- The process for addressing a complaint is explained to the complainant, emphasizing that the individual can remain anonymous if they wish. The individual is advised of the internal problem solving/complaint/grievance resolution process of the provider agency, if the issue involves provider services.
- Based on the nature of the complaint and the wishes of the complainant, contact is made with the agency/person that is the subject of the complaint, explaining the process and time frames to them. If the complainant wishes to work through the agency complaint process, the LME ensures that the provider is aware of the time frames and protocols that should be followed. The LME also remains involved with the complainant to serve as an advocate if indicated, throughout the process.
- The LME works diligently to promote open communication and negotiation between the parties involved and facilitates a process for them to come to a resolution that is acceptable to everyone. The majority of complaints are able to be resolved through informal means. Consumers are empowered to work through the process independently if

they are able to and desire to do this. The Advocate is a constant resource for them offering technical assistance, guidance and support.

- Complaints that require an investigation are referred to the Quality Management Department. Contact is made with other agencies when applicable, including DSS, DFS and the Division. An advocate remains available to a consumer through the investigation process.
- Complaints related to denial, suspension, reduction or termination of state funded services by the LME through the Service Management component are completed in accordance with CB #63 and CB #67.

Development of Community/Natural Supports

The Customer Services Department is actively involved in the identification of and development of community resources both for non-target population individuals as well as consumers of enhanced benefit services. The Advocates work to assist families in developing supports within their own system, that may include their church, neighbor, other relatives and friends. Staff are key members of the Cumberland County Faith Based Initiative (CCFBI), that includes consumers, family members and representatives from multiple groups (faith based community, community college, United Way, non-profit organizations, advocacy groups, providers, LME, Community Collaborative, law enforcement, juvenile justice, housing specialist, military, DSS, GAL, JCPC, local hospital to list a few). CCFBI group works to address gaps in services and supports that have been identified through matching a need with a resource. The program is in the process of "going live" with its web site and data base. The Customer Services Department, in conjunction with CFAC and the public awareness staff, have developed a resource guide that is circulated widely in the community. This guide is updated on a regular basis and will be incorporated into the LME web site.

Universal Prevention

Staff promote and participate in multiple health and wellness activities in the community. Presentations are made in the community on various topics including depression, ADHD, trauma, impact of deployment on children and families, stress management and wellness. Early detection of concerns is promoted through offering screenings as part of National Depression Screening Day or National Anxiety Screening Day. Activities are coordinated with CFAC and advocacy groups for Mental Health Awareness month, Mental Illness Awareness week and National Alcohol and Drug Addiction Recovery month. The LME hosts a weekly cable television show that highlights key information for the community as well as gives education on services and supports. Newspaper articles and radio stations are used for PSAs and focused discussions on relevant topics. Customer Services staff are liaisons to key advocacy groups, including NAMI, the ARC of Cumberland County, MHA and ASNC. The LME supports the Child Advocacy Center in its community initiative Darkness 2 Light, a sexual abuse prevention program. Parenting classes are offered that are age and developmentally specific at no cost to the community. Specialized groups are offered in conjunction with juvenile justice (for court involved or at risk youth) and Smart Start (focused on children under the age of 5). The LME is partnering with CFAC for a billboard that will be displayed at different locations in the community for 12 months that promotes access, education and awareness.

Consumer and Family Advisory Committee

Cumberland County's CFAC is an active, involved, committed group of individuals who meet twice per month. The LME provides administrative and financial support to the committee. Customer Services staff participate on a regular basis, providing transportation to members when needed. CFAC members are given opportunities to attend local, regional and state trainings. They also participate in trainings offered to providers by the LME and then compile a consumer perspective on the information presented. Administrative support includes coordinating meetings, travel, mailings, preparing agendas, copying materials, emailing documents as needed, forwarding communication from the Division, refreshments, ensuring that CFAC is aware of community issues and system concerns. CFAC participates in strategic planning and review of progress of the LME toward meeting goals and objectives. CFAC coordinates a gaps and needs analysis on a quarterly basis and shares priorities with the LME. CFAC participates in legislative meetings, public forums and any other community event that members feel would be beneficial to them in representing and advocating for consumers and their families. CFAC further participates in Quality Management activities through review of incidents and complaints, offering recommendations on key areas of concern identified, and review of Medicaid utilization data.

Consumer Rights Committee

The LME consolidated the adult and child consumer rights committees into one Consumer Rights Committee during the past year. This committee works to ensure that consumers receive fair and equitable treatment in all settings and that their rights are protected in accordance with Division rules and standards. The Committee meets a minimum of every other month and reviews data on complaints and incidents. The Committee further may visit provider agencies and services to review consumer rights practices. The Committee is working with the Quality Management Department to obtain reports from provider agencies on their consumer rights activities. The Committee is reviewing requests from small provider agencies to function as the Committee for those groups. The Committee is available as a technical resource, in conjunction with the LME for provider agencies on client rights issues and concerns.

Community Partnerships

The Governance and Administration section details the involvement in and partnership of the LME with various community groups, boards and initiatives. It is key for the LME to partner with others to expand the network of community based services and supports as well as to educate others on early identification of and awareness of behavioral health care issues. The LME promotes and supports involvement of consumers in as many activities as possible.

Housing Specialist

The LME Housing Specialist is a key community leader in the development of housing services and supports for persons with disabilities. He was elected the co-chair of the Continuum of Care, chair of the Regional Supportive Housing Committee and a member of the Committee to End Homelessness within 10 years. He is an active participant in the Homeless Coalition, assisting

with the Homeless Stand Down events in the community. Training is done on the tax credit resource program, housing resources for persons with disabilities, awareness and understanding of various behavioral health issues. Presentations have also been done on mental health reform and the role of housing in successful consumer outcomes. Staff participated in the "50/50 Partnership" in which the consumer will pay 50% of the cost for a bus pass and supportive funds will pay the other 50%. This has been a wonderful initiative that assists consumers in becoming more independent and demonstrating their abilities to meet their own needs. The Housing Specialist processes requests for housing subsidies and develops resources with various developers and realtors for persons with disabilities.

Strategic Objectives

Fully operationalize the CCFBI web site and complete update to community resource guide
- Responsible Staff: Customer Services
- Stakeholders: CFAC, providers, CCFBI, Community Collaborative
- Target Implementation: July 1, 2007

Create a data base that tracks met and unmet housing needs of persons with disabilities. Based on data, establish strategies to address unmet needs.
- Responsible Staff: Customer Services, Housing Specialist, MIS
- Stakeholders: CFAC, Continuum of Care, Homeless Coalition, Providers
- Target Implementation: January 1, 2008

Increase the Oxford House concept by 10% in Cumberland County
- Responsible Staff: Housing Specialist
- Stakeholders: Continuum of Care, Homeless Coalition, CFAC, Providers,
- Target Implementation: July 1, 2007 for accomplishment by January 1, 2010

Expand consumer involvement on community housing committees such that consumers represent a minimum of 30% of the membership
- Responsible Staff: Housing Specialist
- Stakeholders: Continuum of Care, Homeless Coalition, CFAC, Providers
- Target Implementation: July 1, 2010

Implement a mystery shopper program to evaluate access to care system
- Responsible Staff: Customer Services, STR
- Stakeholders: CFAC, consumers, family members
- Target Implementation: September 1, 2007 and ongoing

Expand involvement of CFAC in QM activities
- Responsible Staff: Customer Services, Quality Management
- Stakeholders: CFAC
- Target Implementation: October 2007 and ongoing

Develop methods for increasing consumer awareness of and competency in accessing and navigating the system of services for MH/DD/SAS

- Responsible Staff: Customer Services, STR
- Stakeholders: CFAC, providers
- Target Implementation: January 1, 2008 and ongoing

Collaborate with other community partners to expand prevention and wellness activities and promote recovery model in Cumberland County

- Responsible Staff: Customer Services, Public Affairs/Information
- Stakeholders: CFAC, advocacy groups, providers, media
- Target Implementation: January 1, 2008 and ongoing

Resource Allocation:

The Customer Services component of the LME is comprised of six LME funded staff with the Housing Specialist and System of Care Coordinator working out of this department. The latter two positions are funded from non-LME state funds dedicated to the functions identified. The number of positions exceeds those outlined in the cost model, which indicates a need for 3.57 positions. Total cost projected for personnel costs for the LME are $268,067 which is within the 30% variance.

Customer Services Director: 1.0
Advocates/Client Rights Specialists: 3.0
Administrative Support: 1.0
Client Advocate: 1.0
Housing Specialist: 1.0 (funded with Division funds for Housing Specialist- non-LME funds)
System of Care Coordinator: 1.0 (funded with Division funds for SOC-non-LME funds)

Business Rules:

Enhance the Efficiency and Effectiveness of Cumberland County LME

1. The creation of a Customer Services/Consumer Affairs Department in the LME has enhanced the LME's ability to work with consumers in navigating the changes of reform. Staff are dedicated to this function and thus are available and accessible to consumers at all times.

2. Standardized complaint protocols streamline the process for consumers, providers, the LME and other stakeholders. Although providers are not implementing protocols within their systems on a comprehensive basis, the LME now has adopted standards to use in providing technical assistance and training.

3. CFAC has been legitimized as a self governing entity with more clearly defined roles and responsibilities. Cumberland LME has had a very positive working relationship with CFAC since the committee was established. The exchange of ideas and information between CFAC, the Board, the LME and community at large has created a greater appreciation for what the

system of services needs to be if it is truly "consumer and family friendly" and "person centered."

Inhibit the Efficiency and Effectiveness of Cumberland County LME

1. Providers can become endorsed and become a choice for consumers without having to demonstrate competency in the service to be provided or with the population being served. This is causing stress for consumers and families who expect that "endorsement" equates to documentation of excellence by the LME. There need to be clearly defined protocols that include demonstration of competency and expertise, that are used for providers to be included on a listing of available choices.

2. The LME is responsible for ensuring that the Division sponsored Satisfaction Survey is completed by providers in compliance with standards. Based on the experience of the LME with the latest distribution of the survey, information obtained will be skewed. The LME does not know the volume of services provided by a provider thus a representative sampling may not be accurate. There are not enough surveys for the sample to cover all providers. Providers also want to "look good" and there are questions about the consumers actually being able to complete the surveys in a "confidential" manner. The survey process was established when the LMEs were primary service providers. The process needs to be revisited to adapt to the changed environment.