Southeastern Regional

Mental Health, Developmental Disabilities
& Substance Abuse Services

Local Management Entity

2007 – 2010

Local Business Plan

450 Country Club Road, Lumberton, NC 28360
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www.srmhc.org

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GOVERNANCE AND ADMINISTRATION LME FUNCTIONS

MISSION

To provide a management system that monitors the services and supports of the four county behavioral healthcare system, insuring compliance with Performance Agreement and active participation of consumers, providers, and other stakeholders.

PURCHASER STANDARDS

Southeastern Regional LME Governance and Administration Division is guided by and complies with all State, Local and Federal laws and rules governing, but not limited to those outlined in the Local Business Plan Template/Communication Bulletin #60.

CURRENT OPERATIONS

Southeastern Regional LME serves as the lead behavioral healthcare organization for Bladen, Columbus, Robeson and Scotland Counties and operates under a multi-county area authority. A Performance Contract between Southeastern Regional LME and DHHS was entered into November 5, 2005. The estimated population for the large geographic, culturally diverse, primarily rural, four county area is 253,403; therefore, Southeastern Regional meets all State requirements for LME status and no further consolidation is planned.

Southeastern Regional Area Board consists of fifteen members including four county commissioners and 11others that are appointed by their respective county commissioners according to the requirement of 122C-118.1 and serve as the governing body. The Board carries out their responsibilities under parliamentary rules in ten monthly meetings according to NCGS 122C-117. Officers include Chair, Vice Chair, and Secretary who are elected for a one-year term. The Area Board currently has five standing committees, executive, finance, human resources and planning and operations plus CFAC. To comply with Session Law 2006-142, House Bill 2077 and Communication Bulletin #60, the Area Board revised their By-Laws on October 24, 2006, changing terms, appointments, composition and adding the Consumer and Family Advocacy Committee as an Area Board Standing Committee. The Area Board completes an evaluation of the CEO on an annual basis according to the June 1, 2004 Communication Bulletin #20. The 05-06 evaluation was completed on 05/23/06 and the 06-07 evaluation is in process.

Governance and Administration LME Functions are implemented as follows:

The CEO meets the related management experience and was specifically granted a waiver regarding Masters Degree requirement by the Secretary on August 9, 2004. The CEO is delegated the authority and responsibility by the Area Board to plan, organize, staff, direct, and evaluate the services and operations of the LME according to NCGS 122C and serves as the LME Budget Officer in accordance with NCGS 159-9. The Area

Director facilitates a management team consisting of the Medical Director, Human Resources Director, CFAC Representative and the Division Directors for Business Management; Planning and Collaboration; Provider Relations; Customer Services; Service Management; and Quality Management/Information Management.

The Medical Director is a 50% FTE in the LME and the remainder of his time is spent supervising psychiatrists and providing direct clinical services thru providers, local inpatient hospital, and crisis stabilization facility. As the LME Medical Director he provides clinical consultation, second opinions, plus he reviews UR decisions, critical incidents, and non-Medicaid service denials, reductions or terminations. He is a liaison with primary care physicians and serves on the primary care/behavioral health care integration project advisory committee. He is the medical liaison and provides consultation to the hospitals and law enforcement agencies in the four county catchment area.

There is no Deputy Director position. The Director of Planning and Collaboration fulfills these general responsibilities excluding budgetary matters, which are the responsibility of the Chief Financial Officer. However, the Directors from the other management functions provide specific backup depending on the need. The LME contracts for legal services. The attorney attends each Board meeting, reviews contracts and policies, and provides additional legal services as needed. An Administrative Secretary provides support to the CEO and Medical Director plus serves as Clerk to the Board. Two support staff positions perform receptionists/switchboard duties.

The Human Resources Department consists of the director and one support staff. The Department is responsible for the management of all human resource functions to include: Benefit Administration, Recruitment/Retention and Staff Qualifications, Staff Development, Policy Administration, Position Management, Salary Administration, Employee Relations and other programs necessary that promote continuous quality improvement principles within the system of personnel administration.

In keeping with the general philosophies of Southeastern Regional Mental Health, Developmental Disabilities and Substance Abuse Services, the Human Resources Department ensures a personnel administration system that provides a fair and uniform practice for all employees. The Area Authority's policies are consistent with the provisions of Chapter 126 of the North Carolina General Statutes and adhere to Federal and State laws governing conditions of employment.

LME policies are developed by the most appropriate division according to function covered. They are then brought to management team for review and approval before submitting to Area Board for final approval. The Quality Management Division provides the overall monitoring of compliance with state and federal rules and compliance with DHHS/LME contract. The Planning and Collaboration Division Director develops the strategic plan and the Local Business Plan along with the major stakeholders and directors of the other management functions ensuring that the Plan supports good clinical practices and promotes Evidence Based Practices.

County Government relations are primarily the CEO's responsibility. The Area Director meets with each Board of County Commissioners at least two times per year or more frequently as needed. Specific issues or problems are processed through the individual county manager and the county commissioner board member. The Director of Planning and Collaboration works with the various departments heads of each county.

Southeastern Regional has a full continuum of crisis services that the LME continues to operate. These services include a four person Mobile Team, and a 11 bed crisis stabilization facility that serve both children and adults. These two services were started with a grant from the Kate B. Reynolds Foundation. In addition, there is a 33 bed inpatient psychiatric facility that has been operated jointly with Southeastern Regional Medical Center for the past 30 plus years. The inpatient unit serves adults only.

STRATEGIC OBJECTIVES

- **Provide Board Training**
  Target Date: Ongoing
  Responsible Individual: Board Chair and CEO,
  Stakeholders: Board Members; LME staff; county commissioners

- **Redesign telephone system to provide easier access to all LME functions**
  Target Date: FY 08
  Responsible Individual: CEO and Facilities Manager,
  Stakeholders: LME staff, Providers, Consumers, general public

- **Secure adequate/ongoing funding for Crisis Stabilization Facility and Mobile Crisis Team**
  Target Date: FY 08
  Responsible Individual: CEO
  Stakeholders: Board Members, crisis staff, finance staff, DMH

- **Secure private child inpatient services**
  Target Date: FY 08
  Responsible Individual: CEO and Medical Director
  Stakeholders: SER and Cumberland LME staff, state hospital staff, crisis staff, local hospital staff, Children's Services Director

- **Collaborate with Cumberland County LME to share adult/child crisis resources**
  Target Date: FY 08
  Responsible Individual: CEO, Medical Director and Cumberland LME CEO
  Stakeholders: SER and Cumberland LME staff, crisis staff, providers, Children's Services Director

- **Implement telepsychiatry in catchment area**
  Target Date: FY 09
  Responsible Individual: CEO and Medical Director
  Stakeholders: providers, psychiatrists, IT staff, Consumers

- **Implement primary care integration throughout catchment area**
  Target Date: FY 09
  Responsible Individual: CEO and Medical Director
  Stakeholders: primary care physicians, Robeson County Community Care Coordinators, NC Community Care staff; local hospitals, Consumers, providers, health departments, Planning and Collaboration

- **Identify ways to use state funds and grants for start-up of innovative new programs**
  Target Date: FY 09
  Responsible Individual: CEO and CFO
  Stakeholders: providers, DMH, foundations, community agencies, Planning and Collaboration

- **Integrate Crisis Intervention Team system in collaboration with Mobile Crisis Team**
  Target Date: FY 10
  Responsible Individual: Medical Director and SER Crisis Director
  Stakeholders: law enforcement agencies, crisis services staff, providers, Consumers, psychiatrists, local hospitals

- **Assist local hospital and/or primary care providers to secure psychiatrist and/or other licensed behavioral health clinicians**
  Target Date: FY 10
  Responsible Individual: Medical Director and HR Manager
  Stakeholders: local hospital, primary care providers, psychiatrists, providers, health departments

- **Recruit, retain and motivate the talent needed to fulfill LME's needs for Skilled Professional Medical Personnel and succession planning for management levels**
  Target Date: ongoing
  Responsible Individual: HR Director
  Stakeholders: staff, management team, OSP

- **Provide training, development and education to staff to promote individual success and increase overall value to the LME**
  Target Date: ongoing
  Responsible Individual: HR Director
  Stakeholders: management team, staff

- **Administer HR policy, procedures and programs in order to align employment law and Area Program policies with continuous improvement principles**
  Target Date: ongoing
  Responsible Individual: HR Director
  Stakeholders: management team, staff

- **Work closely with OSP to ensure job descriptions meet the needs of the LME and contain the clinical and quality elements required**
  Target Date: ongoing
  Responsible Individual: HR Director
  Stakeholders: management team and OSP

RESOURCE ALLOCATION

GOVERNANCE & ADMINISTRATION

Current Positions	**FTE**
CEO	1
Medical Director	0.5
Administrative Support	1
Human Resources	2
Switchboard/General Receptionist	2
Total	6.5

Cost of Performing Governance Functions:	
CFAC Expense – not included here	
Board Expense – 15 members	$18,000
Legal Expense – contract	$19,500
Total Administrative & Operational Expenses (including board, legal and medical director expense)	$682,581

Southeastern Regional's cost of performing Governance functions has a 42% variance from the cost model allocation. The governance function variance includes .5 FTE for a medical director, coming from the Service Management function, and 2 FTE for Human Resources, coming from the Business Management function. The variance also includes -2 FTEs and associated costs shown in the Planning and Collaboration function. .4 FTE was added to staff a full time receptionist.

SOUTHEASTERN REGIONAL LME – OVERALL VARIANCE

Southeastern Regional's FTE variance is –12% overall, compared with the organizational cost variance of 1%. Southeastern Regional strives to work within the systems allocation budgeted amount because the limited locally contributed funds are used to support psychiatric services in our area. Southeastern Regional actually staffs fewer FTE's than the model, but does provide an attractive benefits package to retain those professional employees in a mostly rural area, closely within the systems allocation amount. Contributing to this is the cost of employee benefits, especially health insurance benefits. Average cost has increased significantly as the total number of employees has declined over the past several years.

BUSINESS RULES

Business rules that ***enhance*** the efficiency and effectiveness of Governance and Administration LME functions are:

1) **Internal rule allows LME staff to work flexible hours and/or work/telework from home. This allows the retention of valuable senior staff.**

2) **Psychiatric funding stream – covers consultations-should help us begin a small sample of primary care integration earlier.**

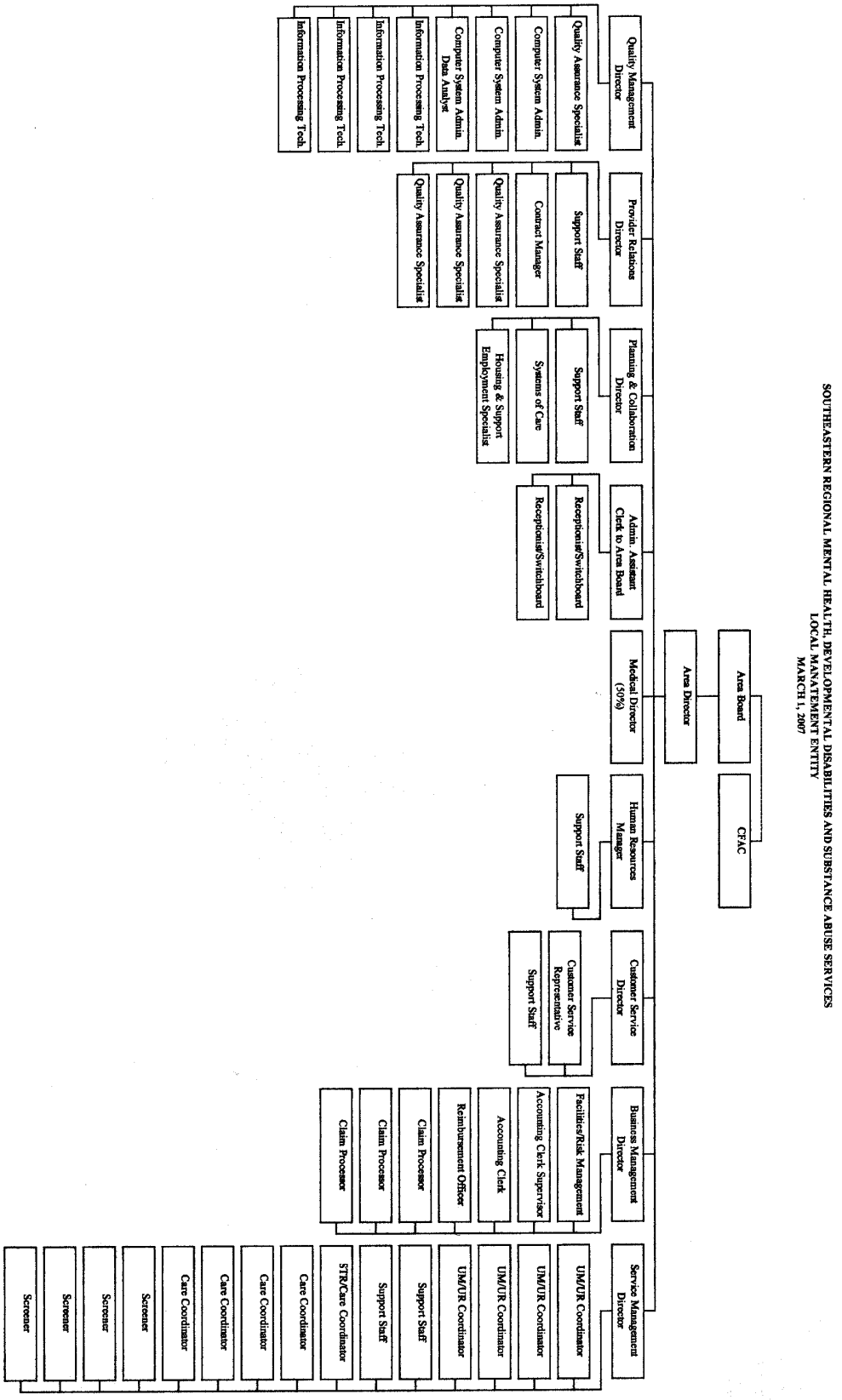
3) **Our organizational structure allows a limited number of staff to perform the needed functions.**

Business rules that ***inhibit*** the efficiency and effectiveness of Governance and Administration LME functions are:

1) **The current cost of employee benefits is greater than Cost Model projections.** However reduction in benefits will possibly cause difficulties in staff retention and recruitment and counties do not have additional funds to allocate to LME for these benefits. *Need to identify less expensive employee health insurance-pursue possible collaboration with other LME's to get cheaper group rates, etc.*

2) **Internal rule separating Access switchboard system and other LME functions switchboard system has proven to be inefficient and confusing.** *A centrally located switchboard with one additional receptionist will provide easier and less confusing access to all LME functions. See Governance Strategic Objectives Section.*

3) **Current classifications within local government may not appropriately reflect the knowledge, skills and abilities necessary for the LME.** *Position classifications should reflect the knowledge, skills and abilities needed for an LME.*


SOUTHEASTERN REGIONAL MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES
LOCAL MANAGEMENT ENTITY
MARCH 1, 2007
Area Board
CFAC
Area Director
Medical Director (50%)
Human Resources Manager
Support Staff
Customer Service Director
Customer Service Representative
Support Staff
Business Management Director
Facilities/Risk Management
Accounting Clerk Supervisor
Accounting Clerk
Reimbursement Officer
Claim Processor
Claim Processor
Claim Processor
Service Management Director
UM/UR Coordinator
UM/UR Coordinator
UM/UR Coordinator
UM/UR Coordinator
Support Staff
STR/Care Coordinator
Care Coordinator
Care Coordinator
Care Coordinator
Care Coordinator
Screener
Screener
Screener
Screener
Screener
Admin. Assistant Clerk to Area Board
Receptionist/Switchboard
Receptionist/Switchboard
Planning & Collaboration Director
Support Staff
Systems of Care
Housing & Support Employment Specialist
Provider Relations Director
Support Staff
Contract Manager
Quality Assurance Specialist
Quality Assurance Specialist
Quality Assurance Specialist
Quality Management Director
Quality Assurance Specialist
Computer System Admin.
Computer System Admin.
Computer System Admin. Data Analyst
Information Processing Tech.
Information Processing Tech.
Information Processing Tech.
Information Processing Tech.
Information Processing Tech.

BUSINESS MANAGEMENT LME FUNCTIONS

MISSION

To manage the financial affairs of the Local Management Entity (LME) in accordance with sound financial practices and high ethical standards in support of fellow employees, the consumers, the providers and the citizens of the counties we serve.

PURCHASER STANDARDS

Southeastern Regional LME Business Management Division is guided by and complies with all State, Local and Federal laws and rules governing, but not limited to those outlined in the Local Business Plan Template/Communication Bulletin #60. Additionally, Southeastern Regional is guided by and adheres to Generally Accepted Accounting Principles (GAAP) and is audited annually, as required, by an independent external auditor.

CURRENT OPERATIONS

The Finance Officer is the Director of Business Management. The Business Management function is separated into four distinct areas: Finance—budgeting, fund accountability and financial reporting; Accounting—accounts payable, payroll, cash accountability and general ledger maintenance; Reimbursement—billing and accounts receivable, adjudication and claims processing; and Facilities/Risk Management. Organizationally, the Human Resources function falls under Governance and Administration , and the IT function falls under Quality Management.

All areas of the Business Management department operate at minimum under the Board approved Finance Policies and Procedures. These policies and procedures are updated as necessary in accordance with GAAP, OMB Circular A-87, OMB Circular A-133, GS159, Audits of state and local governmental units and any federal or state regulations that may apply.

Business Management LME functions are implemented as follows:

Finance

The Finance area is responsible for preparing, implementing, monitoring and revising the budget. Funding sources and expenditures are monitored on a monthly basis to ensure budget requirements are being met and amounts are in-line with projected year-end totals. Adjustments are made accordingly. Monthly financial reports are prepared and presented to the Finance Committee and the Area Board. The LME Systems Management Report is completed and submitted monthly, as is the Financial Status Report. The Fiscal Monitoring Report is completed and submitted quarterly. All other reporting requirements are submitted in accordance with applicable deadlines and regulations.

Purchases of service contracts are pre-audited by the Finance Officer as required by the Local Government Budget and Fiscal Control Act, and housed in the Provider Relations function.

Accounting
The Accounting area is responsible for the monthly reconciliation of bank accounts, the analysis of receivables, and general ledger maintenance. Timesheet accountability and payroll processing is completed monthly. The accounts payable clerk reviews invoices for proper authorization and codes invoices based on the LME's chart of accounts and budgeted amounts. Invoices are approved, and checks are written weekly and disbursed in accordance with Finance policies and procedures. Cash balance is monitored on a continuous basis.

Reimbursement
Southeastern Regional encourages electronic submission by providers for authorization requests and claims through the online Carelink system. The Reimbursement area is responsible for all providers' billing for state/federal-funded services and non-direct enroll Medicaid billings in accordance with guidelines. Clean claims are adjudicated and paid within the prompt pay guidelines. Claims that are denied are communicated directly to the provider. Providers are allowed to submit corrections for denied claims as long as it is within the IPRS timely filing provisions. All submitted corrections are entered by the Reimbursement Department into the Carelink system and claims are re-submitted. The Reimbursement department processes, corrects errors and submits electronic target population eligibility (834). Southeastern Regional adheres to the Eligibility (834) and Billing (837) electronic cut-off cycles. Training and technical assistance in regards to billing and target population eligibility is provided to providers in orientation and on an as-needed basis. Provider data entry in the IPRS system as well as internal system set up for all providers as it relates to billings, procedure codes, and provider billing numbers (IPRS, NPI etc.) are done within the Reimbursement Department. The Reimbursement area participates in the weekly IPRS core team conference calls and the Netsmart system monthly users group to stay abreast of upcoming changes.

Facilities/Risk Management
The Facilities/Risk Management area is responsible for the accountability of the fixed asset inventory system, to include the upkeep of the LME's fleet of vehicles. Facility related issues, facility/safety aspects of new employee orientation and phone programming/administration are handled in this area. This area of responsibility also includes the tracking of all purchase orders and the monitoring of supply inventory and supply purchases. Administrative and facility related contracts are handled in this area.

Southeastern Regional also conducts risk management analysis. Insurance premiums are negotiated annually and associated risk is analyzed for all areas. Full professional liability, property, worker's compensation, and vehicle insurance are maintained. This area is also responsible for the LME's safety committee.

STRATEGIC OBJECTIVES

- **Decrease the cost of employee benefits, while maintaining an attractive benefit package for employees**
  Target Date: FY 08—ongoing
  Responsible Individual: Finance Officer, Risk Manager, Human Resources
  Stakeholders: employees

- **Increase the amount of service funds used for children**
  Target Date: FY 08—ongoing monitoring
  Responsible Individual: Child Care Coordinator, Service Management, Finance Officer
  Stakeholders: providers, Consumers

- **Maintain compliance with all reporting deadlines**
  Target Date: ongoing
  Responsible Individual: Finance Officer
  Stakeholders: management, counties, area board, DHHS, Local Government Commission

- **Cross training/restructuring the workloads of finance staff**
  Target date: FY 08
  Responsible Individual: Finance Officer
  Stakeholders: finance staff

- **Increase the percentage of 1st-time clean claim submittals by providers**
  Target Date: FY 08—ongoing technical assistance
  Responsible Individual: Reimbursement Officer, IT
  Stakeholders: providers, claims processing

- **Install and maintain a telephone system capable of handling all calls without error**
  Target Date: FY 08—ongoing monitoring
  Responsible Individual: Facilities Manager, Admin
  Stakeholders: employees, Consumers, providers

- **Implement a report that links all authorized State services with the estimated value of the services**
  Target Date: FY 08
  Responsible Individual: Finance Office
  Stakeholders: Consumers, providers, Information Technology, Provider Relations and Service Management Directors

- **Provide technical assistance and education to providers who are struggling with serving IPRS and/or indigent consumers**

Target Date: FY 08
Responsible Individual: Finance Officer
Stakeholders: providers, Provider Relations and Service Management Directors

- **Maximize the use of allocated IPRS funds**
  Target Date: FY 08
  Responsible Individual: Finance Officer
  Stakeholders: providers, Provider Relations and Service Management Directors

- **Implement an area-wide sliding fee scale for use by all providers of services in our catchment area**
  Target Date: FY 08
  Responsible Individual: Finance Officer
  Stakeholders: Consumers, providers, Provider Relations

- **Create incentives for providers to serve more substance abuse consumers in order to decrease gaps in the substance abuse services population**
  Target Date: FY 09
  Responsible Individual: Finance Officer and Provider Relations
  Stakeholders: Consumers, CFAC, Providers, Provider Relations and Customer Services Director

RESOURCE ALLOCATION

Positions	**FTE**
Finance Officer	1
Accounting Supervisor	1
Accounting Clerk	1
Facilities/Risk Manager	1
Reimbursement Officer	1
Claims Processors/Adjudicators	3
Administrative/Technical Support (vacant)	1
Total	**9**

Combined Cost of Performing Business Management (Including: Accounting & Claims Processing)
and Support Functions:

	$
Total Administrative & Operational Expenses	**675,491**

Operational Variations

Southeastern Regional's cost of performing Business Management and Support has an 11% combined variance from the cost model allocation.

Human Resources can be found in the Admin and Governance section of the Local Business Plan.
Information Technology can be found in the Quality Management section of the Local Business Plan.

BUSINESS RULES

Business rules that ***enhance*** the efficiency and effectiveness of the Business Management functions are:

1) **A subcommittee of the Area Board, the "Finance Committee", is comprised of the Board Chair, the county commissioner from each county, and a Board Member who is designated as a financial expert, closely monitor the financial operations of the LME.**

2) **Southeastern Regional requirement that providers utilize the web-based Carelink system enhances Southeastern Regional's ability to pay clean claims well within prompt pay guidelines.**

3) **LME's ability to realign IPRS funds based on need maximizes use of allocated funds.**

Business rules that ***inhibit*** the efficiency and effectiveness of the Business Management functions are:

1) **There is a 15% transfer limit on Community Program Realignment that inhibits the ability to maximize the use of overall funds where needed.** *A single-stream funding mechanism across all age/disability categories would be ideal in ensuring funds are maximized where the needs are.*

2) **LME's are required to submit an Annual Cost Report for Medicaid dollars received in excess of $230,000**

   Southeastern Regional is not a fully divested LME. A waiver has been granted to Southeastern Regional enabling our program to continue to provide Psychiatric and Crisis Services. Because of the $230,000 requirement, a Cost Report must be submitted. The Cost Report is very cumbersome and time consuming to pull together. Multiple reviews make the process even more time consuming. The Cost Model does not support the completion of a cost report. Considering the low percentage of $230,000 as compared to the total Medicaid dollars paid out across the state, one wonders how usable the data is. *Raising the minimum amount of Medicaid funds received and requiring any entity that meets that minimum to submit a cost report would make more sense.*

3) **State and Federal Requirements/Requests are Constantly Changing**
   Limiting mid-year changes and sending sufficient advance notice to the LME can improve this process.

PLANNING AND COLLABORATION LME FUNCTIONS

MISSION

Through active participation with all interested stakeholders, provide information regarding service access and availability, and gather information to identify systems and operational changes in order to achieve joint ownership of an improved service system with our community partners.

PURCHASER STANDARDS

Southeastern Regional LME Planning and Collaboration Division is guided by and complies with all State, Local and Federal laws and rules governing, but not limited to those outlined in the Local Business Plan Template/Communication Bulletin #60.

CURRENT OPERATIONS

Southeastern Regional has developed an organizational structure that creates a Planning and Collaboration function by separating responsibilities from Governance and Service Management functions. The Planning and Collaboration Division is staffed by the allocation of Full Time Equivalents (FTEs) that are assigned in the Cost Model to Governance and Service Management. The Policy Analyst is the Director of Planning and Collaboration. The Child Services Coordinator is a licensed clinical social worker and implements Systems of Care. A Housing Coordinator and clerical support are also assigned to this division. The four members of the Geriatric Specialty Team (which are funded outside of the Cost Model) are also allocated to this division

Planning and Collaboration LME functions are implemented as follows:

Policy Analysis
The Director of Planning and Collaboration monitors all Communication Bulletins and Implementation Updates for interpretation and integration with LME policies and procedures, and makes recommendations to the Area Director for implementation application strategies and the resultant impact upon the LME, consumers, providers, and community.

Planning
The Planning element of the LME establishes long-term strategic objectives outlined in the Local Business Plan, and the short-term steps required to accomplish those objectives outlined in the Strategic Plan. Some of the elements that are incorporated into the Planning process include: the comparison of prevalence to penetration data for our catchment; Performance Indicators; local stakeholder surveys; information gathered from other community partners; and the local environment. National Core Indicators and Consumer Satisfaction Survey projects are completed through the coordinative efforts of the LME with the Provider Community, with results reported to CFAC, the LME

Management and Quality Management Teams, and used as tools for planning. As part of planning, the LME hosted ten Stakeholders Meetings across the catchment during the past year, and the Local Business Plan is driven by the input of these various stakeholder groups. Southeastern Regional continuously seeks feedback from stakeholders in order to remain responsive to the needs of the community, and to guide the LME in its development.

Community Collaboration

The LME values consumer and stakeholder input, and works to have a strong and appropriate presence in the community. Planning and Collaboration staff is involved in multiple community and human service collaboratives which provides the LME an active voice in opportunities for partnerships, and the ability to receive community feedback on consumer service needs and system effectiveness. The ability to attend and present at County Department Head Meetings enhance LME performance through effective communication and the opportunity to gain access to foster partnerships. An important stakeholder group is the Crisis Collaborative, which is comprised of our four local hospitals, magistrates, law enforcement agencies, jails, judges, and crisis services. The impetus for forming this collaborative was to reduce the amount of wait time for law enforcement involved in the involuntary commitment (IVC) process. Other outcomes as a result of this collaboration include changes in hospital protocols, a manual clarifying roles, responsibilities, and processes, and assistance from the Mobile Crisis Team. These measures and more have helped to increase the dignity and respect shown to consumers involved in the IVC process as well as improve the working relationships of the Crisis Collaborative partners. Southeastern Regional actively seeks to collaborate with other entities to maximize available resources and expand the impact of public service dollars through the development of alternative funding sources. Examples are our partnerships with the Kate B. Reynolds Charitable Trust (for crisis services); Community Care of North Carolina (for primary care integration): and Southeastern Regional Medical Center (for in-patient services).

System of Care (SOC) spearheads community collaboration efforts for children. The vision of SOC is that all children and youth with behavioral health needs will be served through the Child & Family Team model and receive support through a System of Care. Through Systems of Care, providers, child serving agencies, families and the LME work together to ensure fidelity to the Child & Family Team model and resolve any barriers to services for children and their families. The Child Services Coordinator represents the LME on the Community SOC Collaborative in each county. Collaborative representatives typically include DSS, DJJDP, LEA, GAL, Health Department, Smart Start, the Provider Community and agencies specific to each county. Memorandums of Agreement with stakeholders are maintained, including the state required CTSP MOA and specific MOAs with Bladen DSS and Scotland Smart Start for SOC supporting positions. In Bladen County Non-UCR funds are used to support a Family Advocate position and in Scotland County to support a neutral SOC Coordinator for the county. The Child Services Coordinator represents the LME on other key collaborative groups including JCPC, Safe & Healthy Schools, Child Advocacy Center, Child Protection Teams and Partnership for Children. Consultation and technical assistance is routinely

given to providers and child serving agencies on implementing SOC principles. The Child Services Coordinator monitors and authorizes use of child IPRS funds in conjunction with Service Management and Business Management, as well as requests CTSP fund reallocation to Non-UCR based on community needs as determined by the Community SOC Collaboratives.

Education to general public and activities to address stigma
The Director of Planning and Collaboration is charged with information disbursement to all external stakeholder groups through education and awareness efforts regarding service access and availability, stigma, public awareness, provider information and stakeholder communications. Stakeholder Meetings are held on a quarterly basis, and are used to educate the public on how to access behavioral healthcare services, to recruit additional access sites, and to distribute educational literature as well as other promotional aids. The LME has adopted a series of posters advertising its 1-800 Access to Care number, and has made efforts to place them in public spaces such as primary care offices, hospitals, human service agencies, faith-based organizations, and civic club meeting spaces. The LME website is widely used to disseminate information about behavioral healthcare. A news and events page notifies stakeholders of upcoming events and is a way to relay current information. There is a page dedicated to the provider community, which contains a listing of provider contact and service information per county, as well as all communications sent out by Provider Relations staff. Planning and Collaboration staff has utilized a variety of health fair venues such as UNC-Pembroke, the Department of Aging, and a service sorority. In an effort to reach out to our Hispanic population, the LME participated in a large corporate health fair, and was available to employees of all three shifts. Planning and Collaboration staff works to address stigma in their education efforts utilizing information contained in the NC Division's Elimination of Barriers campaign.

Consumer Education and Outreach
Southeastern Regional supports and partners with local groups representing the needs and rights of our consumers and all citizens with behavioral healthcare needs. Collaboration includes, but is not limited to, Smart Start, Juvenile Crime Prevention Council, Mental Health Association, NAMI, ARC, Healthy Carolinians, and Community Collaboratives. As members of our communities, consumers often attend education activities aimed toward the general public. Working in partnership with Customer Services, Planning and Collaboration endeavors to respond to the consumer need for information and understanding of the behavioral healthcare system in an accurate and timely manner.

Natural and Community Supports
The LME is committed to utilizing natural and community supports and services that are outside of the clinical provider system wherever possible. To assist consumers and providers access these resources, the LME maintains a listing of community services and supports on our website. This resource directory can be accessed by consumers, the Providers Community, any other interested party, and is expanded as community contacts are made. Stakeholders including human service agencies, the Provider Community,

Supportive Housing partners, Faith-Based organizations and the community at large are enlisted to help identify these informal supports.

Housing
This LME division works collaboratively with other community partners to identify, develop, and help secure safe, affordable and appropriate housing for consumers. In recent years the LME has worked with the local housing Continuum of Care and published a catalogue of rental housing in our area. Most recently the LME, along with DHHS, has initiated a Supportive Housing Collaborative for the Low Income Tax Credit and Key Programs. With the addition of the Housing Coordinator FTE in FY 08, the LME will be able to expand its ability to work with community partners to increase housing opportunities for consumers.

Employment
Through the Local Business Planning process, we have identified the need to establish a position to develop opportunities for consumer employment.

STRATEGIC OBJECTIVES

- **Establish a comprehensive public relations and community awareness campaign to educate the community regarding behavioral healthcare services, including activities to address stigma**
  Target Date: FY 08
  Responsible Individual: Planning & Collaboration Director
  Stakeholders: Consumers, CFAC, Area Board, Community Partners

- **Increase awareness of how to access and navigate the behavioral healthcare service system in our area**
  Target Date: FY 2008
  Responsible Individual: Planning and Collaboration Director
  Stakeholders: Consumers, CFAC, Human Service agencies, Provider Community, Faith-based organizations, Primary Care Physicians, Magistrates, Law Enforcement, Hospitals, LME Divisions

- **Enhance, improve, and solidify the LME's collaboration with community partners**
  Target Date: ongoing
  Responsible Individual: Planning & Collaboration Director
  Stakeholders: Human Service Agencies, County Departments, Faith-Based Organizations, Civic Groups, NC Division

- **Revamp the website to be a more friendly and informative tool, and a better resource for communication and education for consumers, providers, and the community at large**
  Target Date: FY 08

Responsible Individual: Planning and Collaboration Director, Information Technology
Stakeholders: Consumers, CFAC, Provider Community, LME Divisions, Collaborative partners

- **Maintain stakeholder education and open dialogue regarding the Involuntary Commitment Process**
  Target Date: ongoing
  Responsible Individual: Planning & Collaboration Director
  Stakeholders: Consumers, CFAC, Provider Community, Magistrates, Law Enforcement, Hospitals, LME Medical Director, Crisis Services, LME Divisions

- **Increase affordable housing and employment resources for consumers**
  Target Date: FY 09
  Responsible Individual: Planning & Collaboration Director, Housing/Employment Coordinator
  Stakeholders: Consumers, CFAC, Provider Community, Provider Relations, NC Division, DHHS, Community housing developers and management corporations

- **Establish a mechanism, including the addition of an FTE for a supported employment specialist, to increase opportunities for consumer employment**
  Target Date: FY 10
  Responsible Individual: Planning & Collaboration Director
  Stakeholders: Consumers, CFAC, Provider Community, Provider Relations, NC Division, Local businesses

- **Improve liaisons with courts, jails, DSS, schools, and primary care to ensure continuity of care and to prevent unnecessary incarceration**
  Target Date: FY 10
  Responsible Individual: Director of Planning and Collaboration
  Stakeholders: Consumers, CFAC, Jails, Law Enforcement, Hospitals, Judicial System, Provider Community, Customer Services, Provider Relations and Service Management Directors

- **All child providers will be trained in the Child & Family Team model**
  Target Date: FY 2009 and ongoing
  Responsible Individual: Child Services Coordinator, Provider Relations
  Stakeholders: SOC Collaborative, including providers

- **Outcome data will be tracked for CFTs as determined by SOC Collaborative**
  Target Date: FY 2008
  Responsible Individual: Child Services Coordinator, Quality Management
  Stakeholders: SOC Collaboratives

- **All out-of-home placements will be tracked and outcomes documented**
  Target Date: FY 2008 and ongoing

Responsible Individual: Child Services Coordinator, Provider Relations, and Quality Management
Stakeholders: SOC Collaboratives, Providers

- **Out-of-community placements will be presented to the Care Review Team**
  Target Date: FY 2009 and ongoing
  Responsible Individual: Child Services Coordinator, Provider Relations
  Stakeholders: SOC Collaborative

- **Improve provider usage of Evidenced Based Practices**
  Target Date: FY 2009 and ongoing
  Responsible Individual: Child Services Coordinator, Provider Relations, Service Management
  Stakeholders: Providers

- **Pilot a family partner program**
  Target Date: FY 2010 and ongoing
  Responsible Individual: Child Services Coordinator, Customer Service, Service Management, Provider Relations
  Stakeholders: SOC Collaboratives

- **Manage Substance Abuse non-UCR funds and the MAJORS program**
  Target Date: FY 08
  Responsible Individual: Child Services Coordinator, Business Management
  Stakeholders: Provider, Families

RESOURCE ALLOCATION

Positions	**FTE**
Director, Planning and Collaboration	1
Clerical Support	1
Systems of Care	1
Housing/ Employment Specialist	1
Total	4

Cost of Performing Planning and Collaboration and Support Functions:	
Total Administrative & Operational Expenses	$357,883

Southeastern Regional's cost of performing Planning & Collaboration and Systems of Care and Support has a 100% variance from the cost model allocation because the LME separates this function using FTEs from the Governance and Service Management functions.

BUSINESS RULES

Business rules that ***enhance*** the efficiency and effectiveness of Planning & Collaboration functions are:

1) **The LME conducts community Stakeholder Meetings in each individual county, as well as combined meetings for all four counties, to disseminate information and gather feedback.**

2) **The LME uses its website to disseminate information to consumers, the provider community, and the general public.**

3) **Ability to use Non-UCR funds as determined by the local community allows for efficient usage of funds.**

Business rules that ***inhibit*** the efficiency and effectiveness of Planning & Collaboration functions are:

1) **The NC Division of MH/DD/SAS does not fund a Housing Coordinator for Southeastern Regional MH/DD/SAS, which limits the ability of the LME to aggressively work with the community to develop housing for consumers.** *The NC Division of MH/DD/SAS needs to provide funding for a housing coordinator position for Southeastern Regional MH/DD/SAS.*

2) **The LME does not designate adequate funds for an effective public awareness or social marketing campaign which limits the LME in its ability to educate consumers and the community at large about how to access behavioral healthcare services in our area.** *The LME needs to budget additional funding in order to expand its public awareness and social marketing campaign.*

3) **The state's Child Mental Health Plan is not current with data, system transformation language, Service Definitions or Service Array.** *The state's Child Mental Health Plan should reflect current data, system transformation language, Service Definitions and Service Array.*

PROVIDER RELATIONS AND DEVELOPMENT LME FUNCTIONS

MISSION

Provider Relations is committed to the recruitment and development of a Provider Community that is able to deliver high quality and culturally diverse services.

PURCHASER STANDARDS

Southeastern Regional LME Provider Relations Division is guided by and complies with all State, Local and Federal laws and rules governing, but not limited to those outlined in the Local Business Plan Template/Communication Bulletin #60.

CURRENT OPERATIONS

Provider Relations is the LMEs primary liaison to the Provider Community. Provider Relations works to ensure there is a community of providers to serve the behavioral healthcare consumers in our area. This division is responsible for provider recruitment, retention, endorsement, and monitoring. Technical assistance and communication dissemination to the provider community are the responsibilities of Provider Relations.

Provider Relations LME functions are implemented as follows:

Endorsement
Provider Relations is the single portal of entry for the endorsement process. PR conducts endorsement training and ongoing technical assistance to providers and performs provider endorsement activities in an accurate and timely manner, consistent with DMA and DMH/DD/SAS Provider Endorsement Policies. The endorsement process promotes best practice standards which assures a unified system and standardization. Once a request is received for an endorsement, the following guidelines and times as required in Communications Bulletin #47 (revised #55) begins. PR reviews the application, policies and procedures, conducts on-site visits and issues the notification of endorsement letter; subsequently an MOA is issued. The withdrawal of endorsement may be initiated when there is evidence to substantiate failure to comply with the rules. The LME maintains a community of provider listing of all endorsed providers in order to comply with proximity requirements.

Contracts
Provider Relations administers and generates contracts/MOA's between the LME and our Provider Community, in accordance with standardized DHHS provider contracts. Contracts are monitored to ensure that requirements such as staff credentials, liability insurance and appropriate/accurate billing codes are met. Contract revisions are made to ensure standards are met and remain current throughout the fiscal year. To help ensure a unified and standardized system, a current operations manual is developed, distributed

and maintained to inform providers regarding LME and DHHS processes, procedures and policies. The Provider Relations Division adheres to a policy/procedure addressing conflict of interest governed by the LME's Human Resource Division.

Monitoring
Provider Relations monitors the provision of public services of all licensed and endorsed providers. Monitoring includes a review of the service provided, utilizing the designated/accepted tool by the LME, whether scheduled or complaint driven. Provider Relations adheres to SB 163 guidelines to ensure quality services and supports are delivered by providers operating within the catchment area are in compliance with the law. Review of the providers' individual QA/QI process encourages compliance with accrediting body requirements. The LME monitors providers' progress on achieving national accreditation thru means of technical assistance by coordinating and collaborating with nationally accrediting entities. Technical assistance on EBP is provided during monthly provider meetings, thru linking our providers to community resources; i.e., conferences, seminars, etc.

The Provider Relations Division initially reviews first responder capability through policy and procedures submitted during the endorsement process, and through routine and complaint driven monitoring. First responder capability identifies if consumers' crisis needs are being met. Recommendations for modifications to crisis plans are provided during routine and/or complaint driven monitoring.

Incident Reports
The review of incident and death reports assures implementation of policy and procedure within the LME and provider community. All level II and level III incident reports are reviewed by Provider Relations staff, as well as the level I quarterly reports. Appropriate responses to reports are made to the provider agency and any health/safety issues are addressed immediately. The LME complies with requirements of 10A NCAC 27G.

Provider Community
Provider meetings are held monthly with the purpose of dissemination of information and offering technical assistance on service delivery. During these meetings, communication bulletins, memos, letters, etc. are shared as well as any policy and procedures that SRMH/DD/SA has implemented due to new communications. The LME provides technical assistance as requested or as needed by the LME or provider. Additional technical assistance is provided by the LME thru email, phone calls, conference calls, etc. Upon request, a formal meeting is held to address specific issues with an identified provider.

SRMH/DD/SAS LME develops a Community of Provider Network Development Plan that is updated annually. Based on the catchment area's needs, providers are recruited from both within and outside the catchment area to insure that there are no gaps in service needs. Whenever there are identified service gaps, Provider Relations seeks to recruit qualified providers at monthly provider meetings, advertised RFP's/RFI's, individual

meetings as requested by providers and via postings on the LME website. Letters of Support are issued from identification of gaps in service.

Provider Relations works with the provider network to ensure implementation of Evidence Based Practices and to develop outcome and performance measures. Resources for best practice standards are based on Division guidelines and are linked to various resources locally, internationally, and websites, etc. The LME communicates frequently with members of the provider network through technical assistance, training and orientations, so that there is no misunderstanding about preferred models. The Provider Community is notified of any State sponsored training events for best practice models. The provider community is encouraged to recruit potential employees to address the cultural and linguistic needs of the consumer population.

Provider Relations assists with the development and stabilization of a highly qualified provider system. This system maintains and provides access to an electronic database of provider contact and service information per county, for providers, families and consumers. The LME actively seeks to keep the provider community updated on mental health issues through a variety of methods, both face to face and electronically.

Provider Relations acts as the primary liaison to providers and other LME units to affect any systemic changes/issues. Provider Relations reviews results of state and provider funded annual audits, sub-recipient monitoring and approval of sub-contracting.

STRATEGIC OBJECTIVES

- **Increase Technical Assistance across all LME functions**
  Target Date: On-going
  Responsible Individual: Division Directors, staff
  Stakeholders: providers, general public, local county government agencies

- **Increase recruitment of the following services: PRTF, MST, Intensive in-home and SA child/adolescent**
  Target Date: On-going
  Responsible Individual: Contract Manager, Provider Relations staff
  Stakeholders: providers, local community, CFAC

- **Provide technical assistance to chosen provider of vocational services to transition to evidence based services in workshop settings**
  Target Date: FY 09
  Responsible Individual: Provider Relations staff
  Stakeholders: providers, Consumers, local community, CFAC

- **Develop and maintain an electronic database within the LME's current information technology system to generate contracts/MOA's**
  Target Date: FY 08

Responsible Individual: Information Technology staff and Provider Relations staff
Stakeholders: providers

- **Develop and implement a single portal of entry for electronic submission of incident reports through the LME's current information technology system**
  Target Date: FY08
  Responsible Individual: Information Technology staff, Provider Relations staff
  Stakeholders: providers

- **Collaborate with Division staff for recommendations to update and revise current monitoring tool(s)**
  Target Date: FY 09
  Responsible Individual: Provider Relations staff
  Stakeholders: providers, local community, customer services division

- **Increase clinical staff for Provider Relations Division in order to monitor and provide necessary job functions of LME**
  Target Date: FY 08
  Responsible Individual: Provider Relations Director
  Stakeholders: providers, local community, Consumers

- **Stabilize provider network so they can maintain services, but also achieve the needed stability in the provider community by working with providers to increase their networking with each other, as opposed to focusing on competition with each other**
  Target Date: FY 10
  Responsible Individual: Provider Relations Director
  Stakeholders: CFAC, Provider Community, LME staff

RESOURCE ALLOCATION

Positions	**FTE**
Director, Provider Relations	1
Contract Manager	1
Quality Assurance Specialist	1
Quality Assurance Specialist	1
Quality Assurance Specialist	1
Clerical Support	1
Total	6
Cost of Performing Provider Relations and Support Functions:	
Total Administrative & Operational Expenses	$524,790

Southeastern Regional's cost of performing Provider Relations and Support has a (24%) variance from the cost model allocation.
Although a cost transfer was not made, Customer Services handles the provider complaint process.

BUSINESS RULES

Business rules that ***enhance*** the efficiency and effectiveness of the Provider Relations function are:

1) **A provider community meeting, which is held monthly, has the requirement that key LME management staff attend in order to be available to answer questions providing a prompt response.**

2) **LME's are required to provide technical assistance to the provider community, which assists providers in addressing areas of concern.**

3) **Our organization uses the State's standardized contract/MOA, ensuring standardization and a unified system, which assists providers to be more effective and efficient.**

Business rules that ***inhibit*** the efficiency and effectiveness of the Provider Relations function are:

1) **The state's restriction to not allow the agency to close the network when we have capacity.** *The standards for endorsement need to be raised. The concept of capacity is not relevant to the Performance Agreement if LMEs must continue to endorse providers after the LME has reached capacity in their catchment.*

2) **Internal rule separating our contracts in different systems needs to be redesigned.** *We must convert our Contract Database into our NetSmart Technologies system.*

3) **Conflicting information between Core Rules, Service Definitions, General Statutes and check sheets, which hinders monitoring process.** *The NC Division needs to change monitoring check sheets to match current rules, regulations, and definitions.*

CUSTOMER SERVICE / CONSUMER AFFAIRS LME FUNCTIONS

MISSION

To promote the rights and interests of all consumers. To provide consumers, their families, providers and the community with the support, information and advocacy needed to locate appropriate services, resolve complaints, or address common concerns and promote community involvement.

PURCHASER STANDARDS

Southeastern Regional LME Provider Relations Division is guided by and complies with all State, Local and Federal laws and rules governing, but not limited to those outlined in the Local Business Plan Template/Communication Bulletin #60.

CURRENT OPERATIONS

The Customer Services Division represents the LMEs function and commitment to ensure that the consumer's voice is heard, respected, and responded to in all aspects of the behavioral healthcare system. Staff responds to complaints, concerns, and information requests. Customer Services also aids consumers in understanding and navigating the newly reformed behavioral healthcare system.

Customer Service/Consumer Affairs LME functions are implemented as follows:

Customer Services
Southeastern Regional LME customer service office assists consumers and family members with information, referral, and advocacy in obtaining appropriate services, and navigating the behavioral health system. In addition, the office assists consumers and family members in understanding their rights and remedies available to them from the public service system. The office is the single point of entry for receiving and responding to all complaints, concerns, and information requests. Southeastern Regional LME has organized the customer service office to receive and investigate provider complaints and process per the Division of Mental Health policy.

Staffing consists of one Customer Services Director, an Advocate, and a support staff. Both the Director and Advocate have extensive training and experience in direct consumer and family services, community organization, training, public relations and administration.

Southeastern Regional LME customer service office is clearly defined as a separate division with clear functions from other LME divisions to ensure appropriate safeguards relevant to complaints, disputes, appeals and grievances**.** The office is organized to meet the purchaser standards and its mission by performing the following functions/activities;

Complaints and Grievances, Appeals, Information and Referrals, Consumer and Family Advisory Committee, and Client Rights Committee.

A major function of the Customer Services office includes responding to the needs of consumers. Consumers contact the office to voice complaints and concerns regarding the provision of services, access to services, service availability, and LME operations and functions. The Customer Services staff assists consumers, family members, advocates, community members, staff, or anyone wishing to express opinions, recommendations or complaints. The office also provides information describing the complaint process and how to contact advocacy groups.

Complaints and Grievances
Consumers, family members, advocates, community members, and providers have the right to express opinions, recommendations and complaints concerning the provision of services within the catchment. Southeastern Regional LME defines complaints as **any** expression of concern in writing or orally that the complainant perceives as a problem. The division is committed and believes there is no such thing as an "invalid" complaint; but rather any issue about which someone is concerned is of value to him/her, and therefore worthy of our attention. The division further believes that it is not necessary for complainant to state, *"I want to file a complaint"*. Given this, the division documents concerns expressed by complainant as concerns that can be used in identifying and improving the LME functions and its responsibility of oversight and monitoring.
Complaints are received in writing, fax, email or via telephone. The Customer Services Division publicizes a toll-free number, email address, and electronic complaint form for use in filing a complaint. Customer Services staff are available to assist a complainant who requests assistance in filing a complaint and also provide consumer information materials describing the complaint process and how to contact advocacy groups.

Following the receipt of a complaint, the Customer Services Director and Advocate analyze the issue to determine whether to resolve the complaint using, whenever possible, informal conflict resolution or investigation. If a complaint involves a particular consumer, the office may contact the consumer to participate in determining what course of action the office should take on his/her behalf. If the consumer has an opinion concerning the course of action, the office will consider the consumer's opinion. In the event the complaint involves a provider, the staff contacts the provider to allow the service provider the opportunity to respond, provide additional information, or initiate action to resolve the complaint. Complaints or conditions adversely affecting consumers that cannot be resolved in the manner described above are immediately referred to the appropriate agency or licensing agency (i.e., Governor's Advocacy Council for Persons with Disabilities, Division of Facility Services, DMH/DD/SAS).

The Office of Customer Services participates in the agency's Continuous Quality Improvement system by analyzing the information acquired. Feedback is provided to consumers, family members, staff, the LME Area Board, and quarterly to the NC Division. In accordance to 10A NCAC 26C.0303, the Office reviews provider complaints and reports trends and analysis to Quality Management to forward to the NC Division.

Non-Medicaid Appeals
In accordance with Bulletins #38, #63 and 10A NCAC 271.06010-.0609, the Office of Customer Services coordinates the Non Medicaid Appeals Process. The Customer Service office mails all letters involving reduction, denial, suspension, or termination of non-Medicaid (IPRS) consumers. In addition, the office is responsible for coordinating second level clinical reviews as needed when a complaint is filed. The office assumes lead role in ensuring consumers are notified of changes in their services and options to appeal.

Information and Referral
Consumers, family members and professionals from both the public and private sectors are often referred to the Office of Customer Services for information on advocacy groups, support groups, education for families and consumers on mental illness, developmental disabilities and substance abuse, and resources. Information is provided and referrals are made whenever needed. The Customer Services office is also the single point of entry for assisting consumers, individuals, and providers in navigating the mental health system. In an effort to provide information to consumers, the office of Customer Services meets regularly with all divisions of the LME to obtain necessary updates and a broad understanding of each division's function and responsibility. In addition, the office reviews relevant mh/dd/sas division implementation updates, website, resources, etc. to remain knowledgeable about Mental Health service system.

Consumer Family Advisory Committee (CFAC)
Southeastern Regional LMEs Consumer and Family Advisory Committee formed in 2002. As required in House Bill 2077, CFAC membership consists 100% of consumers and family members who are not employees of the LME or its contract agencies. The Committee currently has 20 members representing disability as well as representation from four county catchment area. One CFAC Member also serves on the LME Management Team. Five additional members serve each on the Provider Relations committee, Restraint's committee, client rights committee, stakeholders, and child collaboration committee. Southeastern Regional LME CFAC meets monthly to review and participate in the LME planning process. In addition, the committee offers advice in the implementation of policies and procedures for reform of Mental Health services for people with mental health, developmental disabilities and substance abuse problems. The Customer Services Division provides staff to serve as the liaison and administrative support for assistance with mailing of meeting announcements and agenda, arranging meetings, organizing transportation and other relevant information. The CFAC liaison and support staff also coordinates conference registrations, reimbursement and other administrative and supportive functions as needed. The liaison rotates each LME division on the agenda to provide updates, review procedures, etc.; to ensure CFAC is educated and involved in all areas related to the LME. Southeastern Regional LME involves CFAC in all planning and policy processes, including preparation of the Local Business Plan, the Strategic Plan, Provider Needs Assessment, Provider Community Network plan, Continuous Quality Improvement Plan, Requests for Proposals, and other planning activities. CFAC utilizes a formal work plan to track: 1) date of recommendation; 2) recommendation; 3) LME division referred to; 4) action taken by

LME; and 5) whether action satisfactory or not. CFAC is currently involved in recruitment of new members, mystery shopper, and identifying more effective ways of assisting consumers in navigating the mental health system.

Client Rights Committee (CRC)
The Client Rights Committee of SRM/DD/SAS is responsible for protecting the rights of consumers and to provide additional safeguards in the use of restrictive interventions. The Client Rights Committee places an enormous amount of emphasis on the right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect, and exploitation. Committee members assure that each program is held accountable for upholding consumers' rights through oversight and education provided. The Client Rights Committee meets monthly and reports its activities to the Area Board quarterly.

The LME Client Rights Committee is responsible for the oversight and monitoring of reports of individual provider agency Client Rights Committees within the LME network. Through monitoring, the Committee ensures that each contracted agency demonstrates compliance with 10A NCAC 27G; G.S. 122C, Article 3; 10A NCAC 27C, 27D, 27E, and 27F governing the protection of client rights, and 10A NCAC 26B governing confidentiality. The committee also monitors to ensure each agency develops procedures and functions demonstrating established mechanisms for the monitoring, and evaluation of planned restrictive interventions through Intervention Advisory Committees (IACs) to review/approve/deny planned interventions on a case-by-case basis, and reporting to the LME.

STRATEGIC OBJECTIVES

- **Implement mystery shopper calling system to evaluate access response**
  Target Date: FY08
  Responsible Individual: Customer Services Director
  Stakeholders: Consumers, CFAC, providers, Provider Relations, Quality Management LME staff

- **Enhance complaint investigation process**
  Target Date: FY 08
  Responsible Individual: Customer Services Director, Client Rights Advocate
  Stakeholders: Consumers, providers, Provider Relations, Department of Social Services, Department of Facility Services, Division of Medical Assistance, NC Division of MH/DD/SAS (Program Accountability)

- **Develop mechanisms(s) for increasing consumer awareness on how to access and navigate the MH/DD/SAS system**
  Target Date: FY 09
  Responsible Individual: Customer Services Director
  Stakeholders: Consumers, providers, general public, CFAC, Planning & Collaboration and Provider Relations Directors

- **Develop an electronic tracking system to identify consumer choice trends**
  Target Date: FY 08
  Responsible Individual: Customer Services Director
  Stakeholders: state and local hospital staff, crisis staff, Service management Information Technology

- **Develop "welcome packets" to be mailed to each consumer accessing services**
  Target Date: FY 08
  Responsible Individual: Customer Services Director
  Stakeholders: Consumers, Client Rights Advocate, Planning and Collaboration and Service Management Directors

- **Develop a Quarterly newsletter to consumers outlining LME updates and resources to assist in navigation of the mental health system**
  Responsible Individual: Customer Services Director
  Target Date: FY 08
  Stakeholders: Consumers, CFAC, Client Rights Advocate

- **Implement recruitment plan for Human Rights Committee**
  Responsible Individual: Customer Services Director
  Target Date: FY 08
  Stakeholders: Consumers, HRC

- **Develop follow-up survey to ensure satisfaction of services**
  Responsible Individual: Customer Services Director
  Target Date: FY 08
  Stakeholders: Consumers, CFAC, providers, Provider Relations and Service Management Directors

- **Develop training curriculum outlining functions of customer service and consumer rights offices**
  Responsible Individual: Customer Services Director
  Target Date: FY 08
  Stakeholders: providers, Consumers, Provider Relations and Service Management Directors

- **Enhance website to include customer service functions, consumer rights issues, complaint and appeal processes**
  Responsible Individual: Customer Services and Planning and Collaboration Directors
  Target Date: FY 09
  Stakeholders: Consumers, CFAC, providers, Provider Relations

- **Develop a cultural and linguistic competency plan for consumers**
  Responsible Individual: Customer Services Director
  Target Date: FY 09
  Stakeholders: Consumers, CFAC, providers, Provider Relations and Service Management

- **Develop outreach strategies to minority populations to ensure they have knowledge of our system, and are receiving appropriate services**
  Responsible Individual: Customer Services and Planning and Collaboration Directors
  Target Date: FY 08
  Stakeholders: Consumers, CFAC
- **Implement effective Client Rights Program that protects the rights, health, safety and welfare of consumers**
  Responsible Individual: Customer Services Director
  Target Date: FY 08
  Stakeholders: providers, Consumers, LME Human Rights Committee, Provider Relations
- **Implement recruitment plan for CFAC**
  Responsible Individual: Customer Services Director
  Target Date: FY 08
  Stakeholders: Consumers, CFAC, providers, Provider Relations
- **Support the enhanced function and responsibility of CFAC**
  Responsible Individual: Customer Services Director
  Target Date: FY 08
  Stakeholders: Consumers, CFAC members, providers, Provider Relations
- **Establish Peer Support Specialists Program to offer support, information and outreach to consumers**
  Target Date: FY 10
  Responsible Individual: Customer Services Director
  Stakeholders: Consumers, CFAC, providers, Planning and Collaboration, community partners
- **Conduct a consumer forum for training and networking opportunities**
  Target Date: FY 10
  Responsible Individual: Customer Services Director
  Stakeholders: Consumers, CFAC, providers, Provider Relations and Planning and Collaboration Directors
- **Providers will have Human Rights Committees**
  Target Date: FY 08
  Responsible Individual: Customer Services Director
  Stakeholders: consumers, CFAC, LME CRC, Providers, Provider Relations
- **Develop a web based mechanism for provider HRC's to submit data**
  Target Date: FY 10
  Responsible Individual: Customer Services Director
  Stakeholders: LME CRC, private provider CRC committees, Provider Relations, Information Technology, Planning and Collaboration

RESOURCE ALLOCATION

Positions	**FTE**
Customer Services Director	1
Customer Services Representative	1
Clerical Support	1
Total	3

Cost of Customer Services and Support Functions:	
CFAC Expense	$15,000
Total Administrative & Operational Expenses	$249,863

Southeastern Regional's cost of performing Consumer Affairs and Support has a (5%) variance from the cost model allocation.

BUSINESS RULES

The business rules that ***enhance*** the efficiency and effectiveness of the Customer Services functions are:

1) **Standardized letters, forms and procedures from the division enhance Customer Service's ability to perform activities.**

2) **Communication bulletins, questions and answers, implementation updates provide clarification and guidance.**

3) **In accordance with the state plan, customer service office is clearly defined as a separate division from other LME divisions to ensure appropriate safeguards relevant to complaints, disputes, appeals and grievances are maintained.**

The business rules that ***inhibit*** the efficiency and effectiveness of the Customer Services functions are:

1) **Although Customer Services is the single point of entry for complaints, many times other divisions receive and address concerns and issues which are not included in analysis of trends and patterns.** *Develop a centralized complaint form/tool to be utilized by all LME divisions, and forwarded to the Customer Services Office.*

2) **Compliance with the 10 calendar-day rule for consumer complaint resolution**. *Ten calendar days can be problematic in resolving more complex cases that involve multiple issues. Adjusting the timeline to 10 business days could enhance the process.*

3) **Provider's authorizations (by Value Options) and billing is not available to the LME**. *Often the resolution of complaints require knowledge of services authorized by Value Options, frequency, units, providers involved, etc.. Having access to this information would enhance this process.*

4) **Standardized forms and letters from the Division are not provided in Spanish versions.** *Making all information disseminated to consumers available in both Spanish and English versions would enhance this rule as well as ensure that LME meets requirements for cultural competency and awareness.*

SERVICE MANAGEMENT LME FUNCTIONS

MISSION STATEMENT

To ensure 24/7/365 uniform portal access to consumers for appropriate behavioral healthcare service that is medically necessary, available, effective, and person-centered.

PURCHASER STANDARDS

Southeastern Regional LME Service ManagementDivision is guided by and complies with all State, Local and Federal laws and rules governing, but not limited to those outlined in the Local Business Plan Template/Communication Bulletin #60.

CURRENT OPERATIONS

Southeastern Regional LME has established an operational structure that combines Screening, Triage and Referral (STR), Utilization Management and Care Coordination under one unit known as the Service Management Division. Clinical staff covers the unit 24/7 performing screening, triage and referral, utilization management of state and local dollars and care coordination. Staff are appropriately credentialed, licensed, and certified, based on disability specific areas of mental health, developmental disabilities and substance abuse.

A master's level staff oversees the division, licensed as professional counselor, nationally board certified and certified in substance abuse and clinical supervision with related and management experience. This staff reports directly to the CEO and is part of the management team of the LME.

Service Management LME functions are implemented as follows:

Screening, Triage and Referral

The Screening, Triage, and Referral unit consists of eight clinical staff (four screeners/four care coordinators, a clinical supervisor and support staff). Staff includes expertise in adult/ child mental health, substance abuse, and developmental disabilities. The unit handles calls from 8:00 am to 5:00 pm Monday through Friday. Calls between 5:00 pm and 8:00 am, weekends and on holidays are handled through our contract with ProtoCall. The STR staff assesses and registers all calls based on level of care of emergent (scheduling within 2 hours or less), urgent (scheduling within 48 hours) and routine (care within 7 days). If urgent appointments are not available, LME Crisis Services assists registered consumers until appointments can be scheduled. Calls in need of crisis services are warm-transferred depending upon need. Walk-ins and face-to-face requests are completed based on the same level of care. Consumers may also be seen at the Crisis Stabilization or our Mobile Crisis unit 24/7/365 days a year. Calls coming into the screening, triage and referral system are accessed on a toll-free telephone system and

information registered into the CareLink Internet web-base interface system. Once this information is captured, a choice of provider is offered based on service need, location, funding source and provider capacity criteria.

If the consumer doesn't qualify for a target population, they will be referred to the appropriate natural and community resource. A directory of community resources with contact information is available on our website in order to be easily accessed.

For state funded services, consumers are given an initial authorization for either an assessment and/or community support based on the clinical decision of the screener. When screening staff are unable to determine if the consumer qualifies for a target population based on the standardized screening, an initial assessment is authorized for the provider to further evaluate the consumer to determine eligibility.

Providers are contacted to schedule a mutually acceptable appointment with the consumer. Some of our providers have begun providing available appointments through our calcium calendar to expedite the need to schedule as soon as possible. Information relating to the appointment is sent to the provider through our CareLink Internet web-based system. Referrals are tracked by each screener/care coordination function, to ensure that the consumer is linked with a provider. STR tracks all calls after-hours, provider screenings and crisis contacts for follow-up appointments. While each screener has care coordination duties woven into their workload, there are four full-time care coordinators in the STR program.

Care Coordination

The Care Coordination Team includes four care coordinators. Their duties include acting as a point of contact between the LME and local and state hospitals, emergency rooms, mental retardation centers, jails, courts, and follow-up with providers to ensure consumers are seen within the required timeframes. Follow-up is done to ensure services have been initiated within five days of discharge. Care Coordinators often assist providers challenged with difficult to place consumers with a variety of needs. A care coordination team of local doctors, hospital liaisons, physician assistants, and a crisis coordinator review monthly high cost, high risk consumers who repeatedly present for admission to local and state hospitals, in order to build community capacity to assist in their care.

Special Populations

Southeastern Regional's Call Center has a TTY system, which allows for phone calls to be received for deaf consumers of the four county catchment areas. Through our contract with ProtoCall, and five other language contracts, and provider agencies, Southeastern Regional is able to utilize language interpretation for our consumers.

Southeastern Regional STR manages a list of providers certified to perform Forensic evaluations.

Utilization Management/Utilization Review

Four Utilization Specialist staff and a support staff are assigned to the function of reviewing requests from providers for consumers meeting the target population. All disability areas are covered by licensed and certified staff. The CareLink Internet web-based interface system between the LME and the provider serves as the application processor for the review and request of authorizations. Information received from providers includes but not limited to person-centered plans, diagnostic assessments, and service authorization request forms. Authorizations are typically turned around the same day barring any mistakes or problems with completeness. For cases that are incomplete or questionable in terms of the units, cases are pended; comments are sent electronically to the providers to respond to. To determine the consistency and adequacy of each case, specialists use Level of Care criteria, based on medical necessity. Services in need of reauthorization are reviewed and returned within three to five business days. Services in need of immediate authorizations take priority and are returned as soon as possible. When there is a change, reduction, or suspension of service units, consumers are notified in writing through an electronically generated letter sent from the Consumer Services Division. Non-Medicaid Appeal letters are sent electronically to the provider requesting this service. Non-Medicaid Appeal Clinical Review meetings are scheduled timely to discuss criteria for decision and reconsiderations. This clinical review team is made up of senior staff from Service Management, Customer Service, and Business Management Divisions, and the Medical Director. Utilization Specialist provides technical assistance and consultation on a case-by-case basis to the provider community. Staff conducts ongoing training to providers regarding the process of completing the Service Authorization Request Form and obtaining authorizations on a regular basis.

Staff review 10% of Medicaid Person-Centered Plans against appropriate components of each plan such as: quality of plan development, evidence of person centeredness, use of Evidence Based Practices, natural and community supports, and adequacy of crisis plans. The same components are reviewed for Person-Centered Plans funded by non-Medicaid State dollars. Medicaid and non-Medicaid plans are reviewed annually on the birthday month after the initial plan is done and when changes are needed.

Staff reviews a percentage of Medicaid Person-Centered Plans against qualitative criteria. Any concerns regarding Medicaid providers and non-Medicaid providers are reported to Provider Relations and Quality Management Divisions.

The LME has an established process for maintaining the waiting list for CAP-MR/DD Waiver services. This process includes procedures for Continued Need Reviews and initial plans. For Continued Need Reviews, MR2's are reviewed and signed by an LME representative. For initial plans, after the LME receives approval letters from Value Options, the LME submits the Plan of Care approval letter to the local Department of Social Services (DSS) with a copy to the case manager. The LME selects persons to be considered for CAP-MR/DD through referrals from the provider community. The LME assesses consumers needs based on a prioritization ranking form. Consumers are allocated funding based on their ranking and their amount of time spent on the CAP-

MR/DD waiting list. The LME disseminates information to involved individuals and entities regarding who has been placed on the waiver.

Staff reviews consumer discharges and terminations from providers to ensure appropriateness.

STRATEGIC OBJECTIVES:

- **Increase number of access points**
  Target Date: FY 2008
  Responsible Individual: Service Management and Planning and Collaboration Directors
  Stakeholders: Human Service agencies, Provider Community, Faith-based organizations, Primary Care Physicians

- **Increase participation of provider case managers in hospital discharge planning**
  Target Date: FY 2007
  Responsible Individual: CEO, CFO and Service Management Director
  Stakeholders: CEO, Provider Relations Director, Provider Community, hospital staff

- **Decrease geriatric, and child admissions to the State Hospital system**
  Target Date: FY 2008
  Responsible Individual: Service Management
  Stakeholders: Systems of Care Coordinator and Geriatric Specialty Team

- **Develop IPRS standardized grid for authorization of units for providers**
  Target Date: FY 2007
  Responsible Individual: Quality Management & Service Management Directors
  Stakeholders: Business Management, & Provider Relations Directors, Provider Community

- **Use electronic appointment calendar as the method of scheduling all appointments**
  Target Date: FY 2007
  Responsible Individual: Service Management Director
  Stakeholders: Provider Community, CFAC, Quality Management Director, CEO, CFO and State and local hospitals

- **Use data collected by the CareLink system as way of managing services more effectively**
  Target Date: FY 2007
  Responsible Individual: Service Management Director
  Stakeholders: Provider Community, State and local hospitals, consumers, CFAC, LME Management Team, and Area Board

- **Meet division standards regarding urgent and routine standards for scheduling appointments**
  Target Date: FY 2008
  Responsible Individual: Quality Management & Service Management Directors
  Stakeholders: Provider Community, LME Medical Director, LME Crisis Services, consumers, NC Division

- **Reduce the number of consumers assigned to private providers who repeatedly present at local hospital in-patient unit**
  Target Date: Ongoing
  Responsible Individual: Service Management Director
  Stakeholders: Provider Community, Provider Relations and Quality Management Directors , LME Medical Director, LME Crisis Services, consumers, and hospital in-patient staff

- **Develop an in-state contract to handle after hour calls which can offer provider choice and with local awareness of community assets**
  Target Date: FY 2007
  Responsible Individual: Service Management Director and CEO
  Stakeholders: Wake LME, CFAC, Provider Relations Director, Area Board

- **Ensure all admissions referred to state psychiatric and ADACT facilities are reviewed through the LME for authorization**
  Target Date: Ongoing
  Responsible Individual: Service Management
  Stakeholders: Provider Community, Provider Relations Director, State & local hospitals, Primary Care Physicians, Law Enforcement, Magistrates

- **Develop an automated consumer choice decision tree**
  Target Date: FY 2007
  Responsible Individual: Service Management, Quality Management
  Stakeholders: Consumers, CFAC, Provider Community, Provider Relations & Customer Services Directors

- **Increase community capacity of Evidence Based Practice Models to address consumers who frequently present at local hospital**
  Target Date: FY 2007
  Responsible Individual: Service Management and Provider Relations Directors
  Stakeholders: Provider Community, Quality Management Director, LME Medical Director, LME Crisis Services, consumers, and hospital in-patient staff

- **Increase immediate access to consumers in need of acute care to Walter B. Jones ADATC**
  Target Date: FY 08
  Responsible Individual: Service Management Director

Stakeholders: Consumers, CFAC, Hospital In-patient staff, ADATC staff, CEO, NC Division

- **LME will conduct training for providers on the LME's authorization process**
  Target Date: FY 08
  Responsible Individual: Service Management Director
  Stakeholders: Provider Community, Provider Relations, Customer Services and Quality Management Directors

RESOURCE ALLOCATION

Positions	**FTE**
Director, Service Management	1
Utilization Specialists	4
Screeners	4
Care Coordinators	4
STR Coordinator	1
Support Staff	2
Total	16

Combined Cost of Performing Access, UR for State Funded Services & Service Management and Support Functions:	
After hours STR*	$ 77,000
Total Administrative & Operational Expenses	$ 1,382,277

Southeastern Regional's cost of performing Access, UR for State Funded Services & Service Management functions and Support has a (12%) combined variance from the cost model allocation.

Variance includes 2 FTEs and associated costs in the Planning & Collaboration function.

*LME currently contracts with an outside vendor to provider after-hours STR.

Negotiations are underway to contract this out to another LME (estimating $77,000)

BUSINESS RULES

Business rules that ***enhance*** the efficiency and effectiveness of the Service Management functions are:

1) **Providers are required to use our MSO system allowing Service Management to communicate and connect consumers with services as soon as possible, and improving LME efficiency.**

2) **LME's must use the state's standardized screening form, which helps providers understand what is needed to have consumers registered for enhanced services.**

3) **The LMEs charge to review a minimum of 10% of Medicaid Person Centered Plans against appropriate components of the plan is a method whereby the LME gains access to information regarding consumers in our catchment area.**

Business Rules that ***inhibit*** the efficiency and effectiveness of the Service Management function are:

1) **State hospital rules regarding admissions hold the LME responsible for referrals even when providers refer consumers directly to state facilities.** *The hospital should not allow an admission if it has not been authorized by the LME.*

2) **The Performance Agreement holds the LME responsible for meeting specific time frames for scheduling consumers for routine, urgent or emergent appointments with providers, even when providers do not have appointment capacity**. *We need increased capacity for routine and urgent appointments.*

3) **Currently we have two telephone systems set up in the LME**, **resulting in Service Management expending a large amount of time to calls not related to STR or UM.** *The LME needs one centralized phone system to answer and route calls.*

QUALITY MANAGEMENT LME FUNCTIONS

MISSION

To define, systematically obtain, analyze and maintain data to measure and evaluate performance, service improvements and outcomes for identification of consumer needs.

PURCHASER STANDARDS

Southeastern Regional LME Quality Management Division is guided by and complies with all State, Local and Federal laws and rules governing, but not limited to those outlined in the Local Business Plan Template/Communication Bulletin #60.

CURRENT OPERATIONS

Quality Management includes Information Technology, Quality Assurance/Quality Improvement, and Compliance/Regulatory functions. These functions provide a structure for the entire organization to address quality issues. Further, they provide a mechanism for electronic communication and information sharing across the organization utilizing the LME Netsmart Information System. This system generates data for monitoring quality improvement within the LME. Services are monitored through service authorizations, provider monitoring, customer services, and electronic screening, triage, and referral data. An electronic Non-Medicaid Appeals process and statistical reports have been developed following the NC Division standards. We communicate with our provider community utilizing CareLink web-based application, which is part of the Netsmart Information System.

The quality assurance and quality improvement process ensures self evaluation and continuous progress toward meeting standards and goals. The needs of consumers, families, and stakeholders are determined through collecting, monitoring, and analyzing data procured by surveys, routine meetings for input, and LME and Provider QI studies.

The Quality Management Division monitors compliance of regulatory standards, which are based on federal and state statutes, rules, regulations, Health Insurance Portability and Accountability Act (HIPAA), performance contract, progress indicators, and State Plans 2005/2006. This is accomplished by analysis of data utilizing trend reports, quarterly analytic reports and policies and procedures required from each LME Division. The data gathered and analyzed is imperative for measuring outcomes, LME planning, funding, monitoring of service capacity, monitoring of performance compliance and staffing requirements. Reports are developed and provided to the LME Director, Management Team and Area Board.

Quality Management LME functions are implemented as follows:

Internal Data Analysis Reports

The NCTOPPS process involves monitoring to ensure that all required data elements submitted by providers are in compliance with the Performance Contract. Monthly reports are generated and sent to the providers regarding outstanding NCTOPPS. Outcome data is reviewed and analyzed and a Help Desk is provided. NC SNAP reports are given to providers bi-monthly, informing them of required assessments. Data is entered electronically and transmitted to the NC Division according to the Performance Contract.

Developmental Disability COI forms are monitored for completeness and timeliness of submission. Monthly reports are generated requesting DD COI's from providers and copies are sent to the NC Division. Service utilization patterns are reviewed through various reports such as IPRS, LME hospitalization and crisis utilization data, and recommendations are made to the LME Management Team and QI Committee. QM monitors to ensure all divisions and providers have submitted required Performance Contract data within mandated time frames. QM collects, analyzes data and develops the quarterly LME Analytic Report and compares the internal data gathered to the Performance Contract and Progress Indicators.

Trends are identified for Consumers, Providers, Evidence-Based/Promising Practices, and Internal LME Operations, with resultant recommendations submitted to Management Team, CFAC, QI committee, providers and other stakeholders. Through this process issues are identified, plans are developed for improvement, and follow up is on going.

Quality Improvement (QI)

The Quality Management (QM) Division is responsible for: encouraging and supporting the QI effort; evaluating effectiveness of the plan; recommending modification as needed; and monitoring the QI Plan for compliance with standards. QM coordinates the LME Quality Improvement process through quarterly and monthly meetings involving service providers, stakeholders, CFAC, and LME staff. Through the QI Team, issues are identified, strategies/goals for improvement developed, and appropriate action taken. A comparison of outcomes to the Strategic Plan is performed, recommendations are made and the information shared with appropriate stakeholders. Data collected from all LME surveys is compiled and analyzed. Results and recommendations are presented to appropriate LME Division Directors, QI Teams, the Area Director and the Area Board.

Quality Improvement Studies

As required by DMH/DD/SAS Performance Contract standard 1.6.1 (Quality Improvement Process), the LME submits a minimum of three QI studies annually with input from stakeholders and providers. The studies, which address at least one of the following areas: (a) building service capacity, (b) ensuring continuity of care during divesture of services, and /or (c) ensuring the use of evidence-based practices, assists in improving the service delivery system. Currently technical assistance is being given to

providers to aid in the development of their own internal QI studies. Study outcomes will be disseminated.

Quality Assurance
Quality Management (QM) assures that required reporting of Provider Community data is submitted to the Division in a timely manner. Outcomes are evaluated and trends identified. Training and technical assistance are given to providers as requested or when needs are identified. QM provides training/orientation for all new LME staff and annually coordinates training and HIPAA privacy and security awareness. The QM staff participates in monthly provider meetings, disseminating information updates and offering technical assistance. Quality Management analyzes and disseminates incident reporting data based upon reports generated by Provider Relations staff. This data will be used to identify trends and problem areas needed for training and quality improvement. LME policies and procedures are routinely reviewed and revised so that the LME remains in compliance with State and Federal rules and regulations.

Information Technology
Quality Management, through the Information Technology (IT) staff, provides the services necessary to support the information processing and reporting needs of all departments within Southeastern Regional LME, as well as activities required to meet the external requirements of the NC Division, HIPAA, and federal programs. IT implemented an electronic web-based appointment program to be used as an aid in scheduling appointments resulting from screenings. Electronic attachments for PCP's and crisis plans can be sent electronically between the LME and Providers via CareLink. On a daily basis, the staff monitors and maintains the connection to the Information Technology Services System. This system allows a secure process of verifying eligibility for Medicaid. The IT staff is responsible for software and hardware functions which involve review, selection, and installation of software and hardware for the LME, review of contracts and licensing for hardware/software and service vendors, support and maintenance of current systems in place including email support, and AS400 server. IT, in conjunction with the QI Team, is charged with designing, implementing, training, reporting, and providing ongoing support of various server and software programs. Compliance with HIPAA transactions and code sets is a big responsibility for IT, as are the tasks of Network security, firewall security, and monitoring of virus configurations. IT ensures backup of systems and disaster recovery planning. The IT help desk is available to all stakeholders.

Client Data Warehouse (CDW) and IPRS Reporting
QM enters all required Performance Contract requirements, processes and corrects missing monthly data reports. Data is compiled and transmitted to the NC Division through the NetSmart Technology system. QM processes discharge statistical reports in addition to the other required screening, admission records, diagnostic records, substance abuse records, and cross-references all CDW data in IPRS. QM is responsible for making sure all required CDW data is collected from the LME provider network, and providing technical assistance as needed. CDW files are processed through the FTP Protocol connection and the staff monitors this site ensuring files are encrypted.

QM has created a process in the NetSmart Technology Information System (Avatar MSO) to track IPRS dollars. This report will tie the Provider contract to the authorization and reflect the balance left of the general population budgeted amounts, by provider. The IT staff monitors the format and transmission of the 834 files for eligibility reporting to Integrated Payment Reporting System (IPRS) and the 837 files for billing to IPRS. The staff ensures that the files meet the specifications as required. All files are sent to the IPRS website utilizing a workstation FTP application in a secured encrypted format.

For services that are utilizing the LME Medicaid Number, data is retrieved electronically via the CareLink system. This system allows providers through a secure HIPAA compliant web-based application to submit billing and authorizations.

STRATEGIC OBJECTIVES

- **Secure National Accreditation**
  Target Date: FY 2009
  Responsible Individual: Quality Management
  Stakeholders: Consumers, CFAC, Community Stakeholders, Provider Community, QI Team, Management Team, Area Board

- **Integrate all internal databases into a central repository in the Netsmart Information System**
  Target Date: FY 2009
  Responsible Individual: Quality Management Director
  Stakeholders: NetSmart Technologies Corporation, Information Technology, LME Divisions, Management Team

- **Improve data collection and analysis of internal and external consumer driven outcomes**
  Target Date: FY 2008
  Responsible Individual: Quality Management Director
  Stakeholders: Provider Community, Provider Relations, NC Division of MH/DD/SAS

- **Electronically centralize and track consumer and provider complaints**
  Target Date: FY 2009
  Responsible Individual: Quality Management Director
  Stakeholders: Providers, Customer Services and Provider Relations Directors

- **Track limitations of contracts services, and authorizations electronically**
  Target Date: FY 2008
  Responsible Individual: Quality Management Director
  Stakeholders: providers, Information Technology, Business Management and Provider Relations Directors

- **Provider Community will submit three QI studies annually**
  Target Date: FY 2010
  Responsible Individual: Quality Management Director
  Stakeholders: Consumers, Provider Community, Provider Relations

- **Develop process for collecting EBP data from ACT Teams**
  Target Date: July 2009
  Responsible Individual: Quality Management Director
  Stakeholders: Consumers, ACT Teams, Provider Relations

- **LME will cross reference all regional referrals to the bed day allocation report**
  Target Date: FY 09
  Responsible Individual: Quality Management Director
  Stakeholders: Consumers, Providers, Provider Relations, IT, Service Management, Management Team, Information Technology,

- **Monitor the Community Systems Progress Indicators Report, utilizing the NC Medicaid and State service claims data**
  Target Date: ongoing
  Responsible Individual: Quality Management Director
  Stakeholders: Consumers, Provider Community, LME Divisions, NC Division of MH/DD/SAS

- **Service providers will electronically submit all required data in a timely manner**
  Target Date: FY 10
  Responsible Individual: Quality Management Director
  Stakeholders: Provider Community, LME Divisions

- **Require all providers to use the STR electronic appointment calendar to assure timely service delivery**
  Target Date: FY 08
  Responsible Individual: Quality Management Director
  Stakeholders: Consumers, Provider Community, Information Technology, LME Divisions

- **Statistical reports will be provided to Area Board**
  Target Date: FY 08
  Responsible Individual: Quality Director
  Stakeholders: CFAC, Provider Community, LME Staff, Area Board, NC Division

RESOURCE ALLOCATION

Positions	**FTE**
Director, Quality Management	1
Quality Assurance Specialist I	1
Computer Systems Administrator/Data Analyst	1
Computer Systems Administrator	2
Information Processing Technicians	4
Total	9

Cost of Performing Information Management & Quality Management, and Support Functions:	
Total Administrative & Operational Expenses	$771,246

Southeastern Regional's cost of performing Information Management & Quality Management, and Support has a 22% combined variance from the cost model allocation.

BUSINESS RULES

Business rules that ***enhance*** the efficiency and effectiveness of the Quality Management functions are:

1) **The Netsmart Technology Information System is used to integrate, analyze, and manage data and is used to design reports from the internal databases for analyzing trends and issues for improvement in areas of quality of care, service capacity, and customer services.**

2) **LME policies and procedures are routinely reviewed and revised so that it may remain in compliance with State and Federal rules and regulations.**

3) **Data is monitored through the LME Analytic Reports, which is used to help in decision-making and planning and serves as our internal report card.**

Business rules that ***inhibit*** the efficiency and effectiveness of the Quality Management functions are:

1) **LME is held accountable for data yet has little leverage to mandate compliance with the standards for the providers, causing gaps in data reporting.** *Providers should be held accountable for the submission of timely and accurate data.*

2) **LME is measured and graded on face-to-face services even when the consumer declines the appointment or decides not to show up, which is out of the control of the LME.** *LME should be measured on connecting*

consumer to services and follow-ups, and not on the consumer's choice to decline or "no show" at an appointment.

3) **State Hospitals accepting admissions without LME Authorizations hinders the tracking of bed day allocations and maintaining compliance with the Performance Contract.** *Hospitals should not accept admissions without authorization from the LME.*

Process Review Report

The 2007-2010 Local Business Plan for Southeastern Regional Mental Health, Developmental Disabilities and Substance Abuse Services was developed using the process described in the four-page Pre-Plan. Stakeholder involvement and input from the four counties we serve was actively solicited during the planning process. Stakeholder input was incorporated into the Local Business Plan.

In preparation for development of the Local Business Plan, the LME Management Team reviewed the Cost Model, the LME's Pre-plan, and the Progress Indicators Report, and then developed a timeline for completion of the project. Another aid that was helpful in the development of our 2007-2010 Local Business Plan was our LME Strategic Plan that was updated in July of 2006.

LME division directors were charged with developing the chapter of the Local Business Plan that corresponds to the function for which they are responsible.LME division directors held brainstorming sessions within their own units, and also consulted with other LME staff, NC Division staff, other LMEs, CFAC, the Provider Community, and consumers as was needed to gather input for their particular function. The need for specific interfacing with external entities was individualized as exemplified by Information Technology consulting with a private information consulting company. LME divisions also developed and disseminated surveys specific to their function. Analyzed data was incorporated into the plan.

Prior to receiving instructions from the NC Division on how to develop the 2007-2010 Local Business Plan, Southeastern Regional had a number of avenues for receiving input from our stakeholders, as referenced in our four page Pre-plan. Using these avenues, we have been continuously gathering input and data from our stakeholders. Established meetings with a broad spectrum of stakeholders has ensured that our LME has an on-going continuous collaborative relationship with our community partners. For this reason, Southeastern Regional made the decision to solicit feedback using standing established meetings rather than to hold public forums that have historically resulted in a low rate of attendance. Using this methodology, the writing of the Local Business Plan is consistent with the Pre-plan.
Some examples of meetings where Local Business Plan input was sought are:

- CFAC
- Provider Community Meetings
- Stakeholder Meetings
- Community Care of Robeson County
- LME Area Director and Southeastern Regional Medical Center CEO Meetings
- Crisis Collaborative
- Juvenile Crime Prevention Councils
- Systems of Care Collaboratives

These and other meetings, allowed for the formal and informal gathering of information because of the intimate working relationships that have been developed through the years.

To ensure that the community at large was involved in the development of the 2007-2010 Local Business Plan, Stakeholder Meetings were utilized. Stakeholder Meetings were held specifically for the purpose of gathering input into the Local Business Plan in each of the four counties that we serve on the following dates:

- 01/17/07-Bladen County Health Department, Elizabethtown, Bladen County
- 01/11/07-Cooperative Extension Office, Whiteville, Columbus County
- 01/18/07-Southeastern Regional LME Offices, Lumberton, Robeson County
- 01/25/07-A.B. Gibson Education Center, Laurinburg, Scotland County

Each stakeholder meeting had the same format with agendas focused on the Local Business Plan information gathering process. These meetings were facilitated by the Director of Planning and Collaboration, who is a primary community contact representative for the LME. Background information on the Mental Health reform process and an update on our LME divestiture status was given to help attendees understand the LME's current position as it relates to the LME functions of the Cost Model. Information was also given on the six primary functions of the LME, our LME organizational structure, the purpose of the Local Business Plan, the plan development process, and the timeline. Opportunities for input were provided during these meetings and methods of providing input after the meetings through our website or LME contact were disseminated. Southeastern Regional LME made every effort to ensure that all stakeholders were involved in the Local Business Plan development. Media releases inviting the community to attend our Stakeholder Meetings were sent to the major newspapers in each of our four counties on more than one occasion. Notices were sent to The Bladen Journal, The News Reporter, The Robesonian, and The Laurinburg Exchange. Notices were published, and journalists were invited to cover these events. A broad spectrum of individuals were invited, including county managers, human service agencies, the faith-based community, law enforcement, judicial system, Provider Community, and CFAC. Elected officials such as county commissioners and legislators were informed of our public meetings. At least one county commissioner and one county manager attended. A publicized Stakeholder Meeting was held on March 22nd to provide feedback on information gathered and incorporated into the Local Business Plan. Draft copies were available, and input was again solicited.

A survey was developed and disseminated at the variety of meetings attended by LME staff, including Stakeholder Meetings. Attendees had the option of completing surveys on site, submitting by mail, or completing the survey online. Survey questions included tasks the LME needs to continue, improvement needed, and what the LME's primary focus should be during the next three years. Data collected from regular operational reports was also incorporated into the plan.

A draft document for review was placed on the website, and sent to CFAC, County Commissions and the Area Board of Directors. The document was approved by CFAC on 3/26/07. The Area Board of Directors approved the Local Business Plan on 3/27/07 prior to being presented to the four County Commissions.

Local Management Entity: Southeastern Regional

Crosswalk of Key Functions to LME's Organizational Structure

LME Function	Per Cost Model Organizational Structure	Per LME Organizational Structure	Page # of Local Business Plan
CEO	General Governance	General Governance	2 & 3
Board support and expense	General Governance	General Governance	2 & 6
Policy analysis	General Governance	Planning/Collaboration	14
Human Resources	Business Management	Governance	3
Accounting/Budgeting/Payroll	Business Management	Business Management	9 &10
Financial reporting	Business Management	Business Management	9
Claims processing, billing, payment	Claims Processing	Business Management	10
CDW and IPRS reporting	IT	Quality Management	43 &44
Provider endorsement and monitoring	Provider Relations	Provider Relations	21 & 22
Provider recruiting and contracting	Provider Relations	Provider Relations	21, 22, 23
Provider technical assistance	Provider Relations	Provider Relations	22 & 23
Handling provider complaints	Provider Relations	Customer Services	27
24/7/365 Access, screening, triage and referral	STR	Service Management	34 & 35
Consumer registration	STR	Service Management	34
Person Centered Plan reviews	Service Management	Service Management	36
State funded service authorization	Service Management	Service Management	36
Maintenance of waiting list for CAP-MR/DD Waiver	Service Management	Service Management	36
Care Coordination	Service Management	Service Management	35
Community Collaboration	Service Management	Planning/Collaboration	15
System of Care and other interagency coordination/collaboration	Service Management	Planning/Collaboration	15 & 16
Education to general public and activities to address stigma	Service Management	Planning/Collaboration	16
Consumer appeals and grievances	Customer Service	Customer Services	27 & 28
CFAC staff and expenses	Customer Service	Customer Services	28, 29, 32
Consumer education and outreach	Customer Service	Planning/Collaboration	16
Internal data analysis and reporting	Quality Management	Quality Management	42
Critical incident reporting	Quality Management	Provider Relations	22
Quality Improvement studies	Quality Management	Quality Management	42
Develop and stabilize a highly qualified provider system**	Provider Relations	Provider Relations	23
Implement comprehensive crisis services**	Service Management	General Governance	4
Assure a unified system and standardization**	Service Management/ Provider Relations	Provider Relations	21
Develop opportunities for consumer employment**	Service Management	Planning/Collaboration	17
Develop opportunities for consumer housing**	Service Management	Planning/Collaboration	17

**DMH Priority Strategic Objectives