

# Community Support Steering Committee Minutes

August 18, 2009, 1:00-4:00pm

Dix Campus, Anderson Building, Room 139

## Attendees:

Christina Carter	Tara Larson	Yvonne French
Leza Wainwright	Carl Noyes	Lisa Jackson
Brianne Smith	Jesse Chavis	Starleen Scott-Robbins
Jim Jarrard	Shealy Thompson	Debbie Webster
Iola Woodell	Barry Graham	Carolyn Floyd-Robinson
Richard Anderson	Kenny Burrow	Gloria Sexton
Peggy Balak	Mark Grimaldi	Foster Wilkins
Gordon J. Simmons	Bill Bullington	Emmalee Sherrod
Dan Zorn	Michael Watson	Kelly Crowley
Debra Dihoff	Dick Oliver	Sharita Lawson
Dr. Craigan Gray	Jamie Bourquin	Laura Beaver
Will Woodell		

**Welcome & Introductions:** Leza Wainwright, DMH/DD/SAS, Division Director, Christina Carter, DMH/DD/SAS, Implementation Manager and Tara Larson, DMA, Chief Clinical Operating Officer, welcomed everyone. Committee members and guests in attendance and those joining by phone introduced themselves.

**Draft Implementation Update:** Starleen Scott-Robbins reviewed the special Draft Implementation Update (IU) that will be sent out next week. This IU pertains to policy changes required to implement the provisions set forth in Session Law 2009-451 related to Medicaid funded behavioral health services, Health Choice and State funded services. In particular, this IU will include policy changes related to transitioning and discharge planning for consumers receiving Community Support services to other defined services on or before June 30, 2010. Following are highlights from that discussion:

- Effective October 12, 2009 (per the draft IU), no new admissions for Community Support individual or group shall be authorized for Medicaid, Health Choice and State funded services. However, LMEs may restrict admissions prior to this date for State funded Community Support services. Authorizations for State funded Community Support services currently in effect (as of the date of the memo) will remain valid until the current authorization expires.
- Also, effective October 12, 2009 (per the draft IU), the Paraprofessional level of Community Support will be eliminated. During this discussion, providers requested that the end date be moved up for Paraprofessionals delivering Community Support.

- A request was made to increase the initial authorization period beyond 90 days for Psychosocial Rehabilitation since (according to the draft IU) it will be one enhanced service whose Qualified Professional will be responsible for these tasks:
  - >The development and implementation of the Person Centered Plan
  - >Submission of the authorization form to ValueOptions or the LME
  - >Submission of Consumer Admission form to the LME
- The definitions for Case Management and Peer Support will be submitted to the Centers for Medicare and Medicaid Services (CMS) by the end of the month for their approval. It was pointed out that consumers may experience a gap in services.
- Effective the date of this IU, any new request or concurrent request must be accompanied by a discharge plan. If providers do not submit discharge plans, it will not be approved by ValueOptions or the LME and will result in the request being returned as “Unable to Process.” Providers not meeting deadline dates will lose the opportunity to bill.

**Comprehensive Provider Checklist:**

<http://www.dhhs.state.nc.us/dma/csupport/CSupportEndorse.pdf>

Leza, Christina, and Dick reviewed the Community Support Comprehensive Service Provider Corporate Endorsement Standards document which had originally been developed approximately 18 months ago for use as a self assessment tool. The purpose of the tool was to determine if the provider agency exhibited indicators of a stable comprehensive agency in these areas: governance, fiscal management, training, quality assurance/improvement, and service provision. Discussion stemmed today around using this document, with editing, for corporate endorsement of any comprehensive provider.

**Discussion Highlights:**

- Need to focus on what areas should be strengthened in this handout. How are comprehensive providers defined and what services must be delivered to be classified as a comprehensive provider? Providers will need to operationalize and demonstrate that they know how to be a comprehensive provider. Clinical services will need to be strong. There needs to be consistency and standardization in implementation of this document.
- Linkage with primary care will need to be a part of this comprehensive provider concept.
- Comprehensive providers may contract or have affiliations with other service agencies.

- Training for Comprehensive Providers will need to be more consistent.
- Gordon Simmons was assigned to review this document and submit edits; others in the group also expressed an interest in such and all comments/edits are to be submitted to Christina by 5:00PM Aug. 25, 2009.

**Draft Peer Support Specialist:**

<http://www.dhhs.state.nc.us/dma/csupport/CSupportPeerServDef.pdf>

Debbie Webster reviewed the draft Peer Support Specialist definition. Here are some highlights from that discussion:

- The Peer Support services must be delivered by individuals who hold a valid Peer Support Specialist Certification.
- Peer Support is an individual service and not to be provided in a group setting.
- Licensed professionals will provide oversight and clinical service. They will be required to provide face to face contact and to monitor the consumer's progress with Peer Support Service interventions.
- Question: Can the Licensed Professional overseeing the Peer Support Specialists have other roles within agency? If one person is fulfilling this role, they must be dedicated just to this position. If two persons are filling this role, each one can serve in this capacity for 20 hours per week. They can alternate their other 20 hours to provide other services within the agency. There must be 40 hours of oversight and clinical service.
- The rate for this draft service has not yet been determined. The group expressed concern over downtime of the licensed professionals and related admin cost.
- The request was made to not exclude people in Assisted Care Homes from receiving this service.

Debbie Webster asked for comments/input from attendees by noon Thursday Aug. 20th.

**Community Support Data:** The Committee was asked to focus on what they needed in the future regarding data; following are highlights from Committee discussion as documents were reviewed:

- Adult Care Homes (ACH) Document reviewed:  
<http://www.dhhs.state.nc.us/dma/csupport/CSupportACHSummaryAdult.pdf>

Discussion: Of the 11,000 adults getting Community Support, one-third of the persons are in Adult Care Homes. The Committee emphasized the need to make sure that LMEs are aware of these consumers.

- Trends in Community Support Document reviewed,  
<http://www.dhhs.state.nc.us/dma/csupport/CSupportTrend.pdf>

Discussion: Goals are to move towards evidence based practices. Tara is to analyze this data for last year and present at next meeting.

Community Support Providers Who Only Deliver Community Support Document reviewed, <http://www.dhhs.state.nc.us/dma/csupport/CSupportProviders.pdf>

Discussion: Jim Jarrard will get the number of Community Support consumers who are served by the 98 providers who only deliver Community Support services and present this at the next meeting.

- Summary of Enhanced Services Documents reviewed,  
<http://www.dhhs.state.nc.us/dma/csupport/ServSpecProvCounty.pdf>  
<http://www.dhhs.state.nc.us/dma/csupport/ServSpecProvRegion.pdf>
- Respite Care Document reviewed,  
<http://www.dhhs.state.nc.us/dma/csupport/RespiteServices.pdf>

**Administrative Feedback:** Document reviewed,  
<http://www.dhhs.state.nc.us/dma/csupport/CSupportImproveAdmin.pdf>

Dr. Craigan Gray, Director of the Division of Medical Assistance, spoke briefly to the Committee. He reported that services are improving in quality across the system.

**Next Steps:**

Comprehensive Provider edits are due Aug. 25th by 5:00 PM to Christina Carter.  
Peer Support Specialist edits are due to Debbie Webster by noon on Thursday, August 20<sup>th</sup>.

Jim Jarrard will present data at the next meeting on the numbers of consumers served by the 98 providers in the State who only deliver Community Support.

Shealy Thompson or one of her designees will have a map regarding concentrations of utilization (data which reveals the greatest density of potential challenges and gaps, in areas with few services).

Michael Watson will provide data regarding Adult Care Homes.

The meeting was adjourned.

**Next Meeting:** September 1<sup>st</sup> from 1-4 pm in the Clark Building Conference Room on the Dix Campus (there will be no meeting the week of August 24<sup>th</sup>).