

LME Name:

Counties Covered in LME-MCO Catchment:

2012 LME Catchment Population:	1,079,786.00
2012 Medicaid Eligibles:	145,554.00
2012 State Funded Consumers:	157,677.00

Mission:

The mission of Sandhills Center, a Local Management Entity - Managed Care Organization, is to develop, manage and assure that persons in need have access to quality mental health, intellectual/developmental disabilities, and substance abuse services.

LME Website Link:

Initiatives for Local Business Plan Period 2013-2016

Statewide Initiatives

Transition To Community Living
ACTT/Supported Employment
Crisis Service Enhancement
Closer to Home (PRTF)
IDD Waitlist

Local Initiatives (please list and prioritize in Rank Order)

- 1 Integration of Behavioral and Physical Health
- 2 Integrated Transitional Care Team Pilot
- 3 Assuring an Effective, Quality Provider Network
- 4 Increasing Provider Community Efficiency in Managed Care
- 5 Managing Clinical and Financial Risk in the Managed Care Environment
- 6
- 7
- 8
- 9

2013-2016 Local Business Plan Statewide Initiatives

LME Name:

Statewide Initiative: Transition to Community Living

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

Planning	Provider Network Dev.	Service Management	Financial Management	Service Monitoring	Evaluation	Collaboration	Access
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Issue:

	June 2014	June 2015	June 2016
Housing Slots to be Requested	40	120	230
Individuals to be Transitioned	36	106	222

Reasons for Action

Sandhills Center has a commitment to the statewide Transition to Community Living initiative designed to increase the access of persons with mental illness to reside in their community in the least restrictive residential setting of their choice. Given the significant involvement required by partnering agencies across the community to effectively implement this critical initiative, Sandhills Center is developing and strengthening current community collaborations to broker their support in the implementation of this initiative.

Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.)

Completed hiring all 6 Sandhills Center staff positions for Transition to Community Living by December 31, 2013
 40 housing slots to be requested by June 30, 2014; Additional 80 (120 total) to be requested by June 30, 2015; Additional 110 (230 total) to be requested by June 30, 2016
 36 individuals transitioned to community living by June 30, 2014; 70 additional (106 total) to be transitioned by June 30, 2015; 106 additional (212 total) to be transitioned by June 30, 2016

LME plan for addressing issue and achieving goals

Sandhills Center plans to ensure success with addressing the above stated Transition to Community Living goals by implementing a combination of strategic planning, benchmark development and monitoring of progress. The following key steps have or will be taken:

- * Creation of a cross functional Transition to Community Living workgroup
- * Creation of internal benchmarks, more stringent than the announced Transition to Community Living standards, to monitor progress
- * Creation of an internal department of dedicated staff to lead Sandhills Center's implementation
- * Cross-training of additional staff to support dedicated staff members in the implementation
- * Maintaining and strengthening communication between partnering agencies including Divisions of Medical Assistance, MH/DD/SAS, and Aging and Adult Services, and with QUADEL Consulting, and the Departments of Social Services in our nine county catchment area and community housing coalitions
- * Utilizing a care management tool which collects behavioral health data, physical health data and pharmacy data on our members

If necessary, reference hyperlink for additional information on LME-MCO Website

2013-2016 Local Business Plan Statewide Initiatives

LME Name:

If necessary, please list document name if attachments are submitted with printed copy of LBP

2013-2016 Local Business Plan Statewide Initiatives

LME Name:

Statewide Initiative: ACTT/Supported Employment

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

Planning	Provider Network Dev.	Service Management	Financial Management	Service Monitoring	Evaluation	Collaboration	Access
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Issue:

Reasons for Action

To support members in successfully transitioning to community living, Sandhills Center believes having a strong community network of providers offering supportive services is critical. Also, critically important is having mechanisms in place to ensure that individuals have knowledge and access to the array of services and supports available that will help with successful community living. Supported Employment and Assertive Community Treatment (ACT) services are built on premises that embrace recovery principles. Sandhills Center is currently assessing provider capacity, access and availability as it exists across the service area in order to move forward and make thoughtful decisions to expand Supported Employment and ACT services. During the recent Division of Mental Health, Developmental Disabilities and Substance Abuse Services screenings of fidelity to the ACT Team model, 62% of Sandhills Center ACT Team providers were found to be meeting measurable fidelity to the model. And, in a recent review of Supported Employment services offered to Sandhills Center members with a Mental Health diagnosis, 13 members (6.9% of SMI members) were receiving employment services.

Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.)

Increase percentage of ACT Teams with demonstrated fidelity on TMACT to 85% by December 31, 2013; Increase to 100% by June 30, 2014
Increase number of Sandhills Center SMI members receiving Supported Employment to at least 30 by June 30, 2014; to at least 40 by June 30, 2015
Documented education provided to 100% of members approved for housing slots beginning September 15, 2013 regarding the availability and benefits of Supported Employment
At least 20% of members that transition to community living from the state's priority categories receive services and supports from a certified ACT provider by June 30, 2014

LME plan for addressing issue and achieving goals

To increase the availability of ACTT, demonstrating fidelity to the model, and Supported Employment services for members with a Mental Health/SMI diagnosis, and to ensure success with the above stated goals, Sandhills Center, is or is planning to:

- * Promotion and maintenance of existing interdepartmental Transitions To Community Living Taskforce
- * Implementation of a standardized process to ensure education is provided regarding Supported Employment
- * Implementation of a standardized process to monitor the progress of SMI members authorized for Supported Employment services
- * Require of all ACT Teams not meeting measurable fidelity on the TMACT evaluation to submit a Plan of Correction detailing how the provider will come into compliance with the model, including a detailed staffing list including roles and credentialing, total salary cost for each ACT staff member, previous year expense and revenue reports for ACT Team services and a timeline for being in compliance with the ACT Team model

2013-2016 Local Business Plan Statewide Initiatives

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* If no plan is received by Sandhills Center within the required timeframe, or if the submitted plan is not acceptable, Sandhills Center will be implement an agency sanction, up to and including, termination of the agency's contract

* To increase the number of providers offering Supported Employment Services to members with a Mental Health diagnosis, Sandhills Center is developing a competitive, open process to allow current network providers an opportunity to submit their interest in offering the service

* Based on identified community needs, Sandhills Center will select a limited number of community providers to increase the availability of Supported Employment Services for members with a Mental Health diagnosis and will track the number of members receiving this service

If necessary, reference hyperlink for additional information on LME-MCO Website

If necessary, please list document name if attachments are submitted with printed copy of LBP

2013-2016 Local Business Plan Statewide Initiatives

LME Name:

Statewide Initiative: Crisis Services/ ED Wait Times

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

Planning	Provider Network Dev.	Service Management	Financial Management	Service Monitoring	Evaluation	Collaboration	Access
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Issue:

Sandhills Center LME-MCO Average Stay of ED Admissions By Month			
Month	Total Days for Month	Number of Admissions	Average Stay per Admission
January 2013	309	166	1.86
February 2013	310	158	1.96
March 2013	262	143	1.83
April 2013	288	149	1.93
May 2013	357	148	2.41
June 2013	360	157	2.29

* Hospitals represented include Anson Community, Betsy Johnson, Central Carolina, Randolph Hospital and Sandhills Regional

Reasons for Action

Sandhills Center has a commitment to strengthen, improve and expand crisis services. Sandhills Center also has a commitment to decrease Emergency Department wait times associated with psychiatric hospital admissions. Our efforts to that end are designed to promote early community based strategies and interventions. Improving pre-crisis and crisis services in the community decreases the need for more restrictive interventions. Reducing the number of admissions and the Emergency Department wait times will lessen the strain on emergency department resources.

Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.)

Decrease the average length of stay in Emergency Departments by 10% (no more than 2.00) by June 30, 2014; by an additional 10% (no more than 1.80) by June 30, 2015
 Reduce the number of state hospital admissions by 7% and community psychiatric hospital admissions by 10% (no more than 2,200) by June 30, 2014
 Decrease the number of members that use three crisis services in a 12 month period by 7% by June 30, 2015

LME plan for addressing issue and achieving goals

Sandhills center has plans to achieve the above stated goals by taking the following steps:

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- * Continued collaboration with community partnerships to strengthen the continuum of care for crisis services and to increase the awareness, among providers, members and community stakeholders, of crisis services available in the community including walk-in crisis, telepsychiatry, Crisis Intervention Teams and other resources
- * Collaboration with contract Mobile Crisis Team to conduct crisis assessments in community hospitals and assist in appropriate transitions
- * Strengthening and standardizing an efficient process to ensure members receiving crisis intervention services have adequate follow-up and to ensure transitions between crisis serving agencies are effective for members
- * Collaboration with magistrates, law enforcement, human services agencies and hospital personnel to ensure appropriate exchanges of information occur and that the pre-determined crisis plans of recidivistic members are consistently executed
- * Alleviate barriers to services by exploring and presenting data to Quality Management program for analysis and program planning
- * Improve review and identification of highest risk/highest need members to consistently assign high risk members to Care Coordination
- * Continue offering Crisis Intervention Training programs throughout the region to assist law enforcement officers in understanding and responding to members in crisis situations
- * Develop and provide crisis prevention training for the provider network, including exploration of Mental Health First Aid Training, to improve consumer outcomes and increase community partners' understanding of how to respond to crisis scenarios and providers' understanding of crisis planning requirements for individuals at higher risk for an incident

If necessary, reference hyperlink for additional information on LME-MCO Website
If necessary, please list document name if attachments are submitted with printed copy of LBP

2013-2016 Local Business Plan Statewide Initiatives

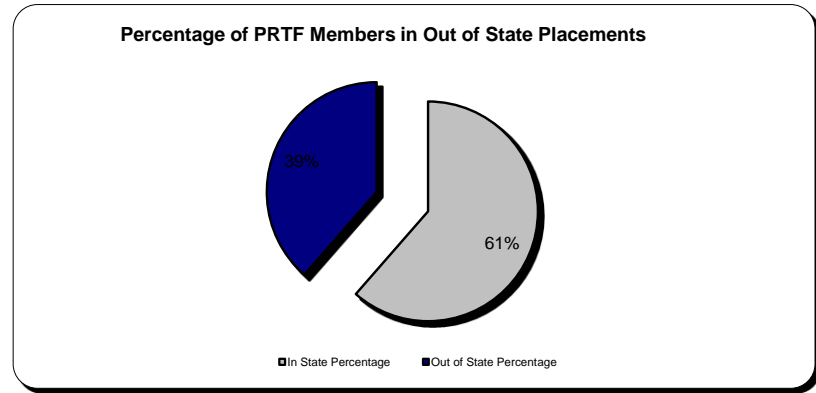
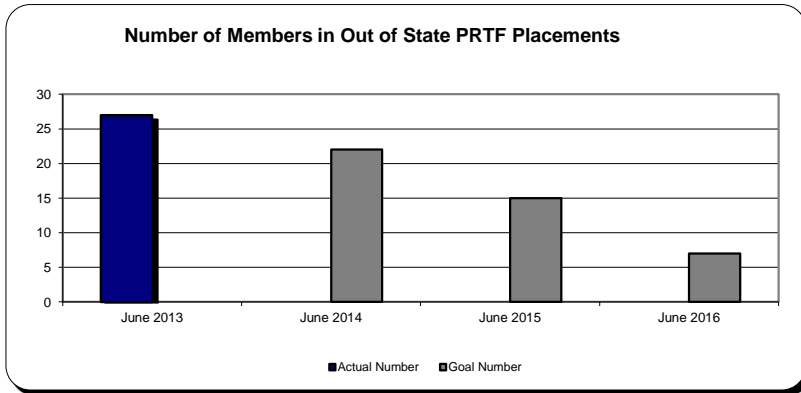
LME Name:

Statewide Initiative: Closer to Home-PRTF

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

Planning	Provider Network Dev.	Service Management	Financial Management	Service Monitoring	Evaluation	Collaboration	Access
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Issue:



Reasons for Action

Sandhills Center has a commitment to the statewide goal of reducing out of state placements when youth require a PRTF level of care from the June 2013 count of 27 members, 39% of all current members in such facilities. In addition, Sandhills Center has a commitment to reducing lengths of stay in these out of home placements. The current average length of stay for those currently in PRTF is 189 days, with 25% of those identified having a length of stay greater than 250 days. A system of care approach is the philosophy and framework by which such reductions will be guided and applied at all levels of Sandhills Center's infrastructure and across the network of community based services and supports that are organized to meet the challenges of these youth.

Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.)

Reduce out of state PRTF placements to no more than 22 by June 30, 2014; to no more than 15 by June 30, 2015; to no more than 7 by June 30, 2016
 Reduce the percentage of out of state PRTF placements to no more than 33% of total placements by June 30, 2014; to no more than 29% by June 30, 2015; to no more than 25% by June 30, 2016
 Reduce the average length of stay in PRTF to no more than 5 months by June 30, 2016, and reduce the percentage of youth staying longer than 250 days to no more than 15%

LME plan for addressing issue and achieving goals

Sandhills Center plans to ensure success in addressing the above stated PRTF reductions by implementing a combination of intra-structure (internal) and inter-structure (community) activities. The following steps have or will be taken:

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LME Name:

- * Increase Care Coordination Department involvement with youth in a PRTF for the purpose of facilitating transition and discharge planning, including access to both MH/SA and IDD Care Coordination for members with a dual diagnosis
- * Develop a system to identify youth who are at risk of referral to a PRTF level of care and ensure that lower levels of care are explored prior to admission into a PRTF including a review of any residential placements specializing in treating specific identified behaviors
- * Maintain and strengthen communication between partnering agencies involved in youth placement or diversion including provider agencies, community stakeholders (Department of Social Services, Department of Juvenile Justice, Guardian ad Litem, local law enforcement, Juvenile Crime Prevention Councils, etc) and guardians by providing access to and facilitating availability of information, resources and technical assistance to mental health resources in the Sandhills Center catchment area.
- * Developing, maintaining and distributing access to a database of the NC PRTFs, noting expertise of each and specialty populations each serves, to better match youth to appropriate and shorter PRTF placement when necessary.

If necessary, reference hyperlink for additional information on LME-MCO Website
If necessary, please list document name if attachments are submitted with printed copy of LBP

2013-2016 Local Business Plan Statewide Initiatives

LME Name:

Statewide Initiative: IDD Waitlist

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

Planning	Provider Network Dev.	Service Management	Financial Management	Service Monitoring	Evaluation	Collaboration	Access
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Issue:

Sandhills Center Members on the IDD Wait List	
Anson County	29
Guilford County	650
Harnett County	74
Hoke County	34
Lee County	47
Montgomery County	19
Moore County	95
Randolph County	87
Richmond County	53
Total Members	1,088

Reasons for Action

Sandhills Center has a commitment to the statewide goal of reducing the number of Intellectual and Developmental Disability members waiting for services and has a plan of action for reducing the current 1,088 Sandhills Center members waiting for services locally. While members are waiting for services, Sandhills Center is taking all appropriate action to provide access to care through any available resources and/or funding.

Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.)

Increase the number of provider offering and members receiving B-3 Medicaid services by June 30, 2014
 Reduce the number of individuals waiting by at least 10% by June 30, 2016

LME plan for addressing issue and achieving goals

Sandhills Center plans to ensure success in addressing the above stated goals by implementing the following steps:

- * Development and release of a B-3 Medicaid service Request for Proposal process to identify Medicaid funded providers offering B-3 services including Respite and Community Guide, increasing the number of members receiving the identified services
- * Management and use of North Carolina Innovation Waiver Slots as allocated by the Division of Medical Assistance and through the use of available turnover slots at the end of each waiver year
- * Increase Care Coordination involvement in the identification of available services, supports and referrals to meet needs and coordinate care
- * Strengthen ongoing efforts to identify and assess member's needs and assure appropriate placement on the waiting list
- * Identify and use any available State funded services to assist in meeting identified needs

2013-2016 Local Business Plan Statewide Initiatives

LME Name:

* Maintain and strengthen communication with members and/or their families by obtaining updates and any status changes

If necessary, reference hyperlink for additional information on LME-MCO Website

If necessary, please list document name if attachments are submitted with printed copy of LBP

Local Initiatives for 2013-2016 LBP

LME Name:

Local Initiative: 1 - Integration of Behavioral and Physical Health

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

Planning	Provider Network Dev.	Service Management	Financial Management	Service Monitoring	Evaluation	Collaboration	Access
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Issue:

	June 2014	June 2015	June 2016
Members with Behavioral and Physical Health Data used in Care Coordination Planning	1,500	2,000	3,000

Reasons for Action

Sandhills Center believes in an integrated care model of behavioral health and medical health is in the best interest of those we serve. Combining the behavioral health expertise of MCO staff with the medical health expertise of community partners allows the maximum opportunity for serving the whole being of our members. By operating under this integrative model, Sandhills Center has the opportunity to identify ways to ameliorate physical and behavioral health issues leading to a high risk/high cost designation of an individual member.

Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.)

30 behavioral and physical health cross coordination meetings with CCNC and others held by June 30, 2014; 30 additional (60 total) by June 30, 2015; 30 additional (90 total) by June 30, 2016
 At least 1,500 members will have behavioral and physical health data used in Care Coordination planning by June 30, 2014; At least 2,000 by June 30, 2015; At least 3,000 by June 30, 2016

LME plan for addressing issue and achieving goals

Sandhills Center plans to continue and strengthen the use of community partners, recognized tools and independent expertise to assist in our integration efforts, including:

- * Convening collaborative meetings with the Community Care of North Carolina entities serving our members
- * Review of behavioral and medical data from multiple sources to identify correctible clinical areas of concern that present a financial risk
- * Identifying and acting on Quality of Care Concerns around behavioral and physical issues through all clinical departments
- * Utilization Management staff evaluating authorization requests against clinical best practices and against a clinical polypharmacy work tool and drug/drug interaction work tool
- * Clinical expertise through PREST, Inc peer review to address the physical health quality of care concerns through a network of certified physicians performing independent review
- * Incorporating recommendations for care including community standards of care and clinical best practices
- * Clinical Screening and Triage work processes which include assessments for active, comorbid medical problems as well as complicating substance use withdrawal signs and symptoms

If necessary, reference hyperlink for additional information on LME-MCO Website

Local Initiatives for 2013-2016 LBP

LME Name:

If necessary, please list document name if attachments are submitted with printed copy of LBP

Local Initiatives for 2013-2016 LBP

LME Name:

Local Initiative: 2 - Integrated Transitional Care Team Pilot

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

Planning	Provider Network Dev.	Service Management	Financial Management	Service Monitoring	Evaluation	Collaboration	Access
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Issue:

Reasons for Action

Sandhills Center has a vested interest in ensuring members receive the most appropriate care and have no need for repeated Emergency Department visits within a short period of time. To achieve that goal, and most importantly improve the health of our Mental Health, Intellectual and Developmental Disability and Substance Abuse members, Sandhills Center is pursuing a local pilot project with a community provider to employ assertive engagement, increased access to preventive care and a more coordinated management of chronic conditions - both physical and mental - through an evidence-based transitional care team approach. This approach, using the Coleman Transitional Care Model and the CCNC Standardized Care Management Plan will coordinate with our local CCNC, P4CC, to assist those consumers presenting to the Emergency Department, inpatient unit or crisis unit with behavioral health issues. The overall objective will be to demonstrate a decrease in consumer readmissions and a corresponding increase in connection to behavioral health providers.

Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.)

Community provider will make contact with consumer within 3 days of discharge, upon program implementation
 Reduction on number of patients utilizing emergency department for behavioral health episodes by 25% by June 30, 2014
 Reduce number of inpatient re-admissions by 25% by June 30, 2014
 Improve Quadrant II and IV members successful linkages to behavioral health comes by 50% by June 30, 2015

LME plan for addressing issue and achieving goals

To achieve the goals outlined above, Sandhills Center will:

- * Subcontract with a local community provider, operating a full continuum of community engagement services, who has a strong, active collaborative relationship with the LME-MCO and the local CCNC affiliate
- * Identify local area(s) to target initial pilot project implementation and develop Transitional Care Team to begin work
- * Transitional care interventions to be used include:
 - Hospital contact with consumer
 - Face-to-Face visit after discharge
 - Follow-up calls and contacts to help with engagement and compliance
 - Medication reconciliation and education
 - Patient self-management coaching/"Red Flag" coaching
 - Appointment scheduling and follow-up with primary care and behavioral health providers
 - Daily consumer case triage with stakeholders

If necessary, reference hyperlink for additional information on LME-MCO Website
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LME Name:

Local Initiative: 3 - Assuring an Effective, Quality Provider Network

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

Planning	Provider Network Dev.	Service Management	Financial Management	Service Monitoring	Evaluation	Collaboration	Access
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Issue:

Sandhills Center Provider Network (as of June 2013)	
Number of Providers in the Network:	954
Number of Providers Denied Access to the Network:	10
Number of Client Specific Agreements Established:	18
Number of Total Credentialings Completed:	2,719
- Licensed Independent Practitioners	363
- Hospitals	36
- Agencies	556
- Clinicians within Agencies	1,629
- Other Provider Type	135

Reasons for Action

Per standards set forth by the North Carolina Department of Health and Human Services, Division of Medical Assistance, accessibility of service standards support a provider network whose services can be accessible to its customers within certain established time/mileage standards established for rural and non-rural areas. In addition, to ensure quality standards of care, the network will be evaluated and adjusted through an open, announced process and providers who fail to comply with regulatory standards will be subject to the application of identified sanctions. Effectiveness of the Sandhills Center provider network will be gauged through the implementation of the Gold Star Monitoring process with providers being encouraged to attain the highest monitoring level possible.

Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.)

Analysis service array will demonstrate 95% accessibility for all services by June 30, 2015
 100% of all enrolled providers will receive monthly monitoring to ensure accreditation, licensure and insurance certificates are current and compliant
 By December 31, 2016, Sandhills Center will monitor 100% of all enrolled providers using the Gold Star Monitoring process reviewing for quality of care, provider/agency staff competencies and consumer record documentation
 Recredentialing of 100% of network providers to be completed within 3 years of initial date of credentialing

LME plan for addressing issue and achieving goals

To achieve the goals outlined above, Sandhills Center will:
 * Conduct a monthly review of all network providers through the agency's information system. This compliance review will focus on providers' current licenses, accreditations, and insurance certificates.

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* For any provider found out of compliance with the monthly review, a standard letter outlining the out of compliance issue will be sent, using notification tracking as necessary, to allow the provider an opportunity to correct the out of compliance issue. If the provider does not correct the identified issue in a timely manner, provider sanctions will be considered to assist in correcting the deficiency or in limiting the access of the identified provider in the provider network.

* Quarterly data will be reviewed, using geographic access to care information of members and service distribution, to meet the identified standards for network access and availability.

* For any service found not meeting the identified standards for network access and availability, Sandhills Center will conduct an open and announced process to allow community providers the opportunity to express interest in filling the identified service

* Monitor effectiveness of the provider network through the implementation of the Gold Star Monitoring process

* Provide training and technical assistance to community providers encouraging participating providers to attain the highest monitoring level possible through the Gold Star Monitoring process

If necessary, reference hyperlink for additional information on LME-MCO Website
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Local Initiatives for 2013-2016 LBP

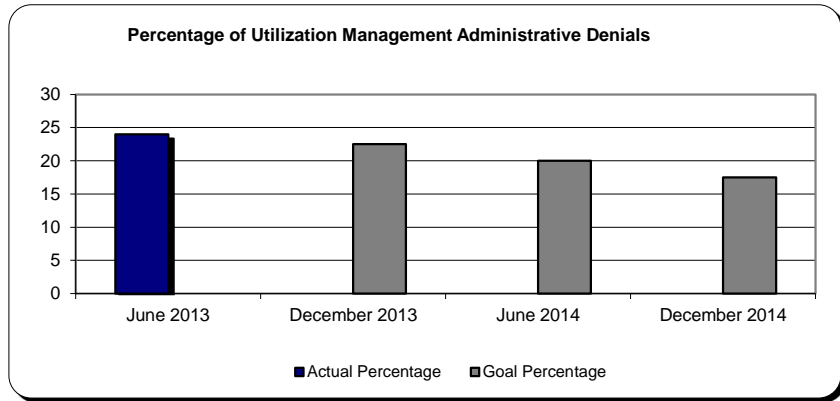
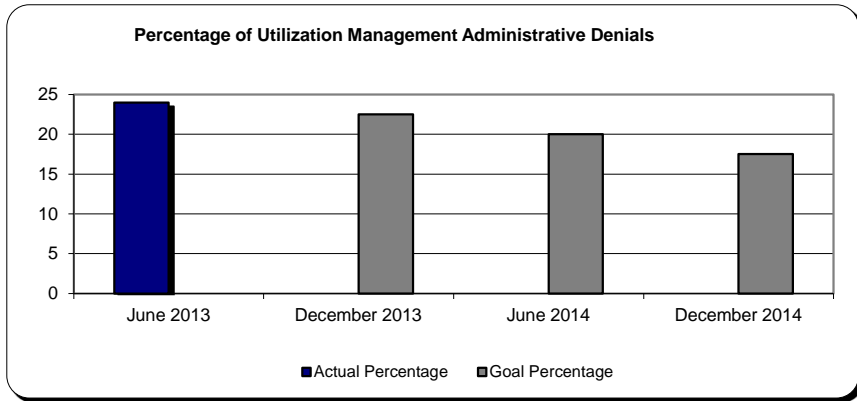
LME Name:

Local Initiative: 4 - Increasing Provider Community Efficiency in Managed Care

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

Planning	Provider Network Dev.	Service Management	Financial Management	Service Monitoring	Evaluation	Collaboration	Access
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Issue:



Reasons for Action

During the transition from the traditional Fee For Service behavioral health reimbursement process to the 1915 (b)/(c) Medicaid Waiver environment, it has been a primary focus of Sandhills Center to assist the provider community in making this transition as seamless as possible. In spite of this primary focus, two notable issues Sandhills Center has noticed with the provider community has been the number of administrative denials issued by Utilization Management (currently over 24%) and the number of claims denials issued by Finance (currently over 31%). Sandhills Center has developed a coordinated effort to reduce these denials for the provider community.

Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.)

6 Provider Forums to be held to assist providers by June 30, 2014; 6 additional by June 30, 2015; 6 additional by June 30, 2016
 No more than 22.5% UM Administrative denials by December 31, 2013; No more than 20.0% by June 30, 2014; No more than 17.5% by December 31, 2014
 No more than 28% Claims denials by December 31, 2013; No more than 24% by June 30, 2014; No more than 20% by December 31, 2014

LME plan for addressing issue and achieving goals

To increase the provider community's efficiency operating in the Managed Care environment, Sandhills Center has, or plans to:

- * Medical Director and Clinical Department Directors face to face training/technical assistance presentation "Working Effectively with an MCO" to hospitals, outpatient providers, LIPs and CABHA Medical/Clinical Directors
- * Clinical Leadership Team technical assistance conference calls with area providers around problematic areas identified through Quality of Care concerns, under and over utilization data, Program Integrity referrals and Critical Incident data

Local Initiatives for 2013-2016 LBP

LME Name:

- * Highlight common errors during Provider Forums and provide system wide training and technical assistance targeted to address the most common errors noted in the process and offering assistance in efficiently submitting authorization requests and claims
- * Identify providers needing continued assistance and provide individualized support, including direct communication from MCO executive leadership
- * Invite providers with continued need for assistance, including those with outlier denial numbers for more than 3 months, to a specialized training
- * Ongoing monitoring of both administrative denials and claims denials monitoring progress and identifying additional steps to be taken

If necessary, reference hyperlink for additional information on LME-MCO Website

If necessary, please list document name if attachments are submitted with printed copy of LBP

Local Initiatives for 2013-2016 LBP

LME Name:

Local Initiative: 5 - Managing Clinical and Financial Risk in the Managed Care Environment

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

Planning	Provider Network Dev.	Service Management	Financial Management	Service Monitoring	Evaluation	Collaboration	Access
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Issue:

Reasons for Action

Sandhills Center recognizes the importance of balancing both clinical and financial risk in its operation as a Managed Care Organization. The agency believes maintaining a sharp focus on both of these priorities will be critical to our long term success and the success of implementing a behavioral health managed care model for our members. The Sandhills Center Medical Director, who has previous private managed care experience, is leading the effort with MCO staff to implement the Managed Care model in a way that recognizes the entitlement we are managing and recognizes the funding available for serving our eligible population.

Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.)

At least 36 cross functional Clinical/Financial Risk Meetings by June 30, 2014; 36 additional by June 30, 2015; 36 additional by June 30, 2016

LME plan for addressing issue and achieving goals

To balance both its clinical and financial risk while operating as a Managed Care Organization, Sandhills Center:

- * Has developed a cross functional Clinical/Financial Risk Management Committee, chaired by the agency's Medical Director, comprised of leadership from all departmental units including administration, clinical departments, finance, IT and HR, to weekly review integrated data and financial reports
- * The Committee acts on real time problem solving of any agency issue that cannot wait to go through the normal committee process
- * Exchange and analysis of data, from and to, Quality Management, Program Integrity, Network Operations, Clinical Departments and Finance to assure all functional units are up to date on the operation of the organization
- * Continuous focus on identification of areas of immediate and long term risk whether it be financial, clinical or both
- * Solutions focused including adopting of continuous error reduction strategies with weekly effectiveness measures

If necessary, reference hyperlink for additional information on LME-MCO Website
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Local Initiatives for 2013-2016 LBP

LME Name:

LBP Required Elements Addressed in Other Reporting Due to DMH/DD/SAS

In accordance with G.S. 122C-115.2 The following items are addressed in Other data and reports submitted to DMH/DD/SAS on a more frequent basis than requirements for Local Business Plan Development

Reasonable administrative costs based on uniform state criteria for calculating administrative costs and costs or savings anticipated from consolidation

Administrative costs are limited in 2013 to 12% of State and Federal Service Allocations. If future LME-MCO consolidation is warranted, Division retains ability to change allowable administrative expense upon renewal of LME contract with DMH/DD/SAS.

Proposed reinvestment of savings towards direct services

LMEs are required to report retained savings (fund balance), on Monthly Fiscal Monitoring Report (FMR) to DMH/DD/SAS. LMEs are also required to submit annual plans for use of fund balance that are subject to DMH/DD/SAS approval.

Compliance with the catchment area consolidation plan adopted by the Secretary

There is not a current open consolidation plan by DHHS, as LMEs have merged in anticipation of Medicaid 1915 b/c waiver implementation. If additional consolidation plan is adopted by DHHS, the LBP will be amended to include reference to that plan.

Based on rules adopted by the Secretary, method for calculating county resources to reflect cash and in-kind contributions for the county

County contributions of cash or in-kind are reported monthly to DMH/DD/SAS on Fiscal Monitoring Report (FMR).

Financial and services accountability and oversight in accordance with State and federal law

Upon certifying this document as well as the LME Contract, the LME agrees to be in compliance with all applicable State and federal laws.

The composition, appointments, selection process, and the process for notifying each board of county commissioners of all appointments made to the area authority board

<http://www.sandhillscenter.org/files/Appointment%20of%20Directors%20Policy.PDF>

<http://www.sandhillscenter.org/files/SHC%20ByLaws%20January%202014.PDF>

The population base of the catchment area to be served

Please reference cover page of LBP, as county makeup, catchment and service populations are listed for SFY 2012.

Use of local funds for the alteration, improvement, and rehabilitation of real property as authorized by and in accordance with G.S. 122C-147.

Any use of local funds from county discretionary funding or fund balance must be reported on monthly DMA financial reporting reports (Attachment W reports) or via annual fund balance planning reports to DMH/DD/SAS.

The resources available and needed within the catchment area to prevent out-of-community placement and shall include input from the community public agencies.

This requirement has been elevated to a statewide initiative and must be addressed under "statewide Initiative: Closer to Home" in more detail.

2013-2016 LBP Certification Sheet

LME Name:

I hereby attest that the information submitted in this Local Business Plan is current and accurate to the best of my knowledge. This Local Business Plan outlines current and planned activities for our LME-MCO and may change, due to changing priorities, finances and catchment makeup. Any substantive changes to this local business plan will be communicated to the Department through DMH/DD/SAS.

Victoria Whitt
LME-MCO CEO Name (Type or Print)

LME-MCO CEO Signature

Date

I hereby attest that this document in its entirety has been reviewed by the CFAC, approved by each County Commissioner Board representing this LME/MCO, and approved by the LME-MCO Board.

Thad Ussery
LME-MCO Board Chair (Type or Print)

LME-MCO Board Chair Signature

Date

I hereby attest that the Local Business Plan has been reviewed in its entirety and certified to be in compliance with requirements of G.S. 122C-115.2

Dr. Aldona Wos
DHHS Secretary

DHHS Secretary or Designee Signature

Date

Core Administrative Functions
Planning
Provider Network Development
Service Management
Financial Management/Acct.
Service Monitoring/Oversight
Evaluation
Collaboration
Access

Per NC GS 122C-115.2, each LME-MCO is required to provide detailed information about how it will meet State standards, laws and rules for ensuring quality mental health, developmental disabilities, and substance abuse services and outcome measures for evaluating program effectiveness. The plan shall be in effect for at least 3 State fiscal years.

The attached standardized format has been developed for the LME-MCO's to utilize in the Local Business Planning process.

INSTRUCTIONS

Drop-down boxes and "cell comments" are included in each section to provide guidance. Look for the red triangles and hover the mouse over them to review the guidance.

Tab 1, LBP 2013 – 2016

Complete the sections with your LME-MCO's local information.

Statewide Initiatives: The Department has committed to action on four major initiatives over the next three years. The initiative titles are listed here.

- Transition to Community Living
- ACTT/Supported Employment
- Crisis Service Enhancement
- Closer to Home (PRTF)
- IDD Waitlist

Each of the statewide initiatives needs to be addressed in your Local Business Plan. Tab 2 is where you will identify your LME-MCO's local issues, actions, goals, and plans related to each of the 4 initiatives.

Local Initiatives: In this section, you will add the title of each local initiative your LME-MCO is addressing in addition to the work on the statewide initiatives. Local initiatives should address improvements or enhancements needed in an area measured by DMA or DMH performance indicators, and/or any area assessed in an LME-MCO's needs/gaps assessment, and/or an area addressed by a collaborative community planning process. A minimum of three and a maximum of nine initiatives may be addressed. Please note that by titling your local initiatives on the LBP 2013-2016 tab, these same titles will be populated on the Local Initiatives Tab.

Tab 2, Statewide Initiatives

Each of the five statewide initiatives will be addressed on this page. Be sure to scroll down to complete all items on each initiative.

Check boxes: The work of all LME teams/all core administrative functions need to be represented throughout the local business plan. Check boxes are provided under the title section of each Initiative to identify which administrative function is addressed for that initiative. Check all that apply for each. Please note that to be fully compliant with Local Business Plan requirements, all core administrative functions need to be addressed at least once while addressing statewide initiatives or local initiatives.

Issue: Describe the specific issue related to the Initiative to be addressed.

Reasons for action: Describe the history, background, and rationale for choosing to address this particular issue. What performance indicators or other quality measures will be positively impacted by this plan?

Measureable goals: Identify goals associated with improvement for the identified issue. Assure each goal is measureable and identify the measurements that will be used. Address the timeframe in which you anticipate progress and/or completion of the goal.

LME plan for addressing issue and achieving goals: State action steps that will result in progress and/or completion of the goal.

Tab 3, Local Initiatives

Instructions are the same as for Tab 2

Tab 4, Other LBP Reporting

This tab is largely informational as LME-MCOs will be meeting some requirements for LBP plan reporting by submitting monthly financial reports. However, don't forget to add hyperlinks for the Area Board reporting policy and Area Board By-Laws.

Tab 5, Certification

Please collect signatures from required parties for certification statement. Electronic signatures can be accepted, however, if parties required to sign do not have electronic signature capabilities, please submit a .pdf signature page along with the electronic submission of the Local Business Plan. The LBP is required to be reviewed by the CFAC and approved by each County Commissioner Board representing the LME/MCO. Submit the LBP to Mabel McGlothlen at mabel.mcglathlen@dhhs.nc.gov

Should you have a question regarding these instructions, please contact your DMH LME team liaison. The main number for the LME team is 919-715-1294.