

Date July 27, 2021

Meeting Called By Diane Berth, Chair
Type of Meeting Web-Ex

ATTENDEES

NAME	Present	NAME	Present	NAME	Present
Dr. Michael Smith Chief Medical Officer Trillium	<input checked="" type="checkbox"/>	Rachel Jordan * ICF/IDD Provider QM Director - Carobell	<input type="checkbox"/>	Krissy Vestal Head of Performance Improvement Trillium	<input checked="" type="checkbox"/>
Kimberly Ennis * Hospital Representative Vidant Medical Center	<input checked="" type="checkbox"/>	Lucy Wilmer* Central Regional CFAC	<input type="checkbox"/>	Dee Pankey Thompson* IDD Provider GHA Autism Supports	<input checked="" type="checkbox"/>
English Albertson * IDD Provider/Provider Council Representative Director of Program Operations Monarch	<input checked="" type="checkbox"/>	* Network Prescriber	<input type="checkbox"/>	Frank Messina * Southern Regional CFAC	<input checked="" type="checkbox"/>
Fonda Gonzales, LCMHC Director of Quality Management Trillium	<input checked="" type="checkbox"/>	Ryan Estes * SU & MH Adult Provider Treatment Ops Director Coastal Horizons	<input checked="" type="checkbox"/>	Diane Berth * Licensed Independent Practitioner	<input checked="" type="checkbox"/>
Ron Lowe * Northern Regional CFAC	<input checked="" type="checkbox"/>	Lindsay Joines * SU Provider Coastal Horizons	<input checked="" type="checkbox"/>	Rashel Lauret * MH Child Provider NC Rapid Source	<input checked="" type="checkbox"/>
Dr. Paul Garcia Deputy Chief Medical Officer (Alternate for Dr. Smith)	<input type="checkbox"/>	David Tart SU Provider Integrated Family Services	<input type="checkbox"/>		<input type="checkbox"/>

*Represents Voting Members

AGENDA

- Agenda topic: Open Meeting and Introductions
Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Diane opened the meeting and each participant introduced themselves sharing the role of their agency and population served. All new members were welcomed and thanked for their willingness to participate as members of GQIC. A quorum was present. 				
Conclusions	<ul style="list-style-type: none"> The meeting was opened and committee member details were shared. 				
Action Items	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>N/A</td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	N/A	
Person(s) Responsible	Deadline				
N/A					

- Agenda topic: Agenda and Meeting Minutes

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> There were no changes to the agenda. The April 27, 2021 meeting minutes were presented and approved as written with a motion from Ron and a second from Frank. 	
Conclusions	<ul style="list-style-type: none"> There were no questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> N/A 		

3. Agenda topic: Follow-up Items

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Diane - F/u with provider members to present their agency's QIA at the July GQIC meeting - Completed. Dee Pankey Thompson is on the agenda today to present her agency's QIA. Members interested in presenting their agency QIA in October are asked to email Diane directly. Krissy - Send f/u email for additional volunteers for GQIC Work Plan Measureable Goals Subcommittee - Completed. Rashel volunteered to join the Work Plan Measureable Goals Subcommittee. Diane/Krissy - Finalize the sub-committee at the April Meeting and add to the agenda - Completed. Subcommittee discussions are on today's agenda. Dr. Smith - F/u with adding the Vanderbilt for ADHD Screening Tool to the Trillium website - Pending. Fonda shared the Vanderbilt for ADHD Screening Tool with the Provider Council and internal staff. This is still being reviewed and has not yet been added. Dr. Smith shared that the Vanderbilt ADHD Screening Tool is on its third version. Version I is free (as long as the Vanderbilt citation is used), Versions II & III are paid versions and not open source. Version I could be considered for use by Trillium to add to our website. Dr. Smith plans to research with the team if there are extreme differences in Versions I, II, & III before making the decision to add to our website. Daniel - Share info on Patient Ping with Dr. Smith - Completed. Daniel emailed the Patient Ping information to Dr. Smith. Krissy - F/u on why the IDD QOC grievance was reported separately - Completed. This was an error in the report and has been noted. Krissy - F/u with request to include a note defining Substantiated, Partially Substantiated and Unsubstantiated in the next quarterly report - Completed. The definitions for the above are included on today's report and will continue to be noted moving forward. Krissy - Assign additional time of 15-20 minutes to review the Quarterly Data Report going forward - Completed. Additional time of 20 minutes was added to review this report and is reflected on today's agenda. Krissy - Add Quality of Life discussion to July's agenda - Completed. The Quality of Life discussion was added to the Open
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	<p style="color: red;">Agenda Items/Round Table Discussion section for today's meeting.</p> <ul style="list-style-type: none"> Krissy - Add additional time to agenda for Tailored Plan Updates - Completed. Additional time was allotted for Tailored Plan Updates on today's agenda. 	
Conclusions	<ul style="list-style-type: none"> There were no questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> F/u with adding the Vanderbilt for ADHD Screening Tool to the Trillium website (Pending f/u item from April Meeting) 	Dr. Smith	Oct Mtg.

4. Agenda topic: 2021-2022 GQIC Bylaws
Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> The 2021-2022 Bylaws were presented and reviewed in detail. Language was updated to comply with NCQA Accreditation. Recommendations were as follows: <ul style="list-style-type: none"> ➤ Remove the word "Quality" under Article I Name on Page 6 ➤ Remove "if necessary" under Article II Location on Page 6 ➤ Remove Objectives under Article IV Purpose on Page 6 (redundant) Fonda shared that the bylaws need to clearly articulate membership responsibilities and roles. Members were asked to review the GQIC training on My Learning Campus as a refresher and note any information that needs updating based on current practices or updated bylaws. Feedback can be shared with Krissy and Diane via email prior to the next meeting. 	
Conclusions	<ul style="list-style-type: none"> The bylaws were approved with corrections with a motion from Rashel and a second from Dee. There were no questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> Update bylaws with committee recommendations Share recommendations for changes to GQIC My Learning Campus training with Krissy or Diane 	Krissy All Members	Oct Mtg. Prior to Oct Mtg.

5. Agenda topic: Annual Member Confidentiality Agreement/Conflict of Interest Forms
Presenter(s): Susan Massey

Discussion	<ul style="list-style-type: none"> Annually in July all committee members are required to complete a Confidentiality Form. Additionally, external committee members will also complete a Conflict of Interest Form. Most members have completed this task and the forms are being processed. An email reminder will be sent to members who need to complete this task. 	
Conclusions	<ul style="list-style-type: none"> There were no questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items	Person(s) Responsible	Deadline

<ul style="list-style-type: none"> F/u reminder to members that have not completed and submitted annual forms 	Susan	Oct Mtg.
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6. Agenda topic: Subcommittees

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> The Innovations Waiver (IW) Late Reporting Subcommittee has not met yet. English, Rachel and Kimberly will schedule a meeting in the very near future to discuss and review the IW late reporting protocol and will provide recommendations and feedback. Susan will send English email info for Rachel and Kimberly and she will send an invite for the group to meet. The GQIC Work Plan Measureable Goals Subcommittee met and Lindsay shared they reviewed the current goals in place and attempted to make them more measureable to obtain the ability to generate data. Percentages have been assigned to the goals to make them measureable as opposed to just discussion points. 						
Conclusions	<ul style="list-style-type: none"> There were no questions or concerns identified for follow-up or items recommended for corrective action. 						
Action Items	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Susan</td> <td>ASAP</td> </tr> <tr> <td>English</td> <td>ASAP</td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	Susan	ASAP	English	ASAP
Person(s) Responsible	Deadline						
Susan	ASAP						
English	ASAP						
<ul style="list-style-type: none"> Send Rachel & Kimberly's email info to English Send out first meeting invite for IW Late Reporting Subcommittee 							

7. Agenda topic: 2021-2022 GQIC Work Plan

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> Diane presented and reviewed the updated 21-22 GQIC Work Plan. Each goal was reviewed and changes/revisions (from the subcommittee) were noted. A correction will be made to the date for the fiscal year for the third activity to reflect 2021-2022. 				
Conclusions	<ul style="list-style-type: none"> A motion was made by English to approve the 21-22 GQIC Work Plan with noted corrections and it was seconded by Ryan Estes. There were no questions or concerns identified for follow-up or items recommended for corrective action. 				
Action Items	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Krissy</td> <td>Oct Mtg.</td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	Krissy	Oct Mtg.
Person(s) Responsible	Deadline				
Krissy	Oct Mtg.				
<ul style="list-style-type: none"> Make correction to the fiscal year date on Activity #3 					

8. Agenda topic: Trillium QIP/QIA Updates

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> Krissy presented and reviewed Trillium's 5 active QIA's in detail. Interventions were reviewed and updated measurements were shared and discussed. Fonda noted the dip in the TCLI QIA was due to errors in the data that have since been corrected. The decrease noted in the MST QIA was attributed to the pandemic as MST Services are provided in-home for a majority of members. Krissy noted that child and adult data are included together in the Decrease Inappropriate Utilization of ED for Members QIA. The DHB and DMH MH & SU 1-7 day Follow-up QIA's are on a significant claims lag and the data will change as it is validated. Trillium is requesting input on the QI program / quality
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	improvement activities from GQIC representatives from the Network.	
Conclusions	<ul style="list-style-type: none"> There were no questions or concerns identified for follow-up or items recommended for corrective action. All current interventions will continue. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> N/A 		

9. Agenda topic: Provider QIP Presentation

Presenter(s): Dee Pankey Thompson (GHA Autism Supports)

Discussion	<ul style="list-style-type: none"> Dee shared her agency's QIA titled Increasing Responses to 2021 Staff Satisfaction Survey Submitted to Partners Behavioral Health Management Fiscal Year 2020-2021. In the spring of 2021, all staff had faced pandemic challenges for over a year. Direct Support Professionals, in particular, had dealt with very challenging situations. At this junction, GHA considered an accurate measure of staff morale and satisfaction critically important. Their goal was to increase the number of responses to the 2021 Staff Satisfaction Survey. GHA felt that changing the auspices of the survey might be on the path to achieving this goal. The effectiveness of this change would be measured by comparing the number of participants in the 2020 survey with the number of participants in the 2021 survey. The goal was to increase the number of participants by 10%. The primary barrier to this change was developing support for changing the Department responsible for the survey. The hypothesis was that returning a Survey to Quality Management (QM) would feel more comfortable than returning a survey to Human Resources (HR) as in the past. They also implemented a change from using paper copies to an electronic method in SurveyMokey in an effort to improve responses. When they compared the results of the 2020 Individual Satisfaction Survey with the results of the 2021 Individual Satisfaction Survey, they found that approximately 2% more staff answered the survey when the auspices shifted from HR to QM. Changing survey auspices increased the response rate by 2%, but the 10% they had hoped for was not achieved. Since the assessment of staff satisfaction seems to be an appropriate QM function, this responsibility will remain in the QM Department. There will be on-going changes made to increase responses to the Staff Satisfaction Survey. 	
Conclusions	<ul style="list-style-type: none"> Recommendations to incentivize completing the survey are being considered along with other feedback received. Volunteers to present their agency QIA at the Oct Meeting are appreciated. Rashel will email her idea to Diane and possibly present in Oct. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> Members interested in presenting their agency's QIA for the Oct meeting may contact Diane 	Committee Members	Oct Mtg.

10. Agenda topic: GQIC Data Review of 4th Quarter Data

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> • Krissy presented and reviewed the GQIC 4th Quarter Data in detail. This report encompasses data from April through June 2021. The unduplicated members served count for this quarter is 35,023. There were 37 grievances reported for this quarter. The Multi-Disability category led in grievances by service area. There were no grievances reported in the Quality of Office Site category this quarter. There were a total of 6-Quality of Care (QOC) grievances, 5-Access grievances and 4-Attitude and Service grievances reported. Over 40% of this quarter's grievances regarded QOC concerns; another 30% involved access issues. Five grievances were reported against the LME and 32 against providers. Approximately 31% of QOC grievances against providers were investigated. Trillium investigates practitioner-specific member complaints/grievances upon receipt as a component of on-going monitoring of the network. June's pending grievances may change the amount of investigated grievances as July progresses, and grievances are handled. The majority of grievances were given a final disposition by the LME. Approximately 84% of incidents in this quarter were Level II events. The majority of incidents were among the CMH population (87%). The majority of incidents were due to member behavior (35%) and restrictive interventions (34%). There were 7 plans of corrections issued as a result of routine monitoring. There was no technical assistance provided to UAFL providers. It was noted that PPR, Full, and EOR Review numbers are low because Trillium is not currently monitoring any providers or EORs that are utilizing/billing for COVID-related flexibilities. A positive trend was noted in regards to desk reviews going a little more smoothly than previously noted. All technical assistance with UAFLs were regarding funds management documentation for members whose funds are managed by the UAFL provider and regarded as a negative trend. 	
Conclusions	<ul style="list-style-type: none"> • The definition of Substantiated, Partially Substantiated and Unsubstantiated is noted in the Quarterly Report as requested. • The quarterly report indicates what interventions were implemented when there was evidence of poor quality that could affect the health and safety of members. • There were no questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> • N/A 		

11. Agenda topic: Tailored Plan Updates

Presenter(s): Dr. Smith

Discussion	<ul style="list-style-type: none"> • Trillium was awarded a Tailored Plan contract and this was announced yesterday. The announcement is also listed on DHHS's website. All seven of the LME/MCO's were awarded a Tailored Plan contract. It is anticipated that Cardinal Innovations will not operate a BH/IDD Tailored Plan even though they were
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	<p>awarded and this is due to Cardinal consolidating with Vaya. There have been some county movements (engagements, disengagements) that are in process so DHHS has listed the anticipated County realignments that the State feels will be in place for July 2022. A change for Trillium will be the addition of Bladen County. Their County Commissioners chose to disengage from Eastpointe and join Trillium. This is still in process, but Bladen is listed as one of Trillium's counties on the website. In addition, there are pending counties listed that are currently in the Cardinal catchment area that have not made a decision as to whether they want to go with Cardinal to Vaya (Chatham, Halifax, Stokes & Warren). The announcement of the Tailored Plan award starts our clock as the beginning of the Tailored Plan process. Trillium now is tasked with implementing what was submitted in the RFA. DHHS gives us timelines (post award, pre-launch and post-launch) for document submission. Our first is post-award which our implementation plan is. Our Implementation Team (subject matter experts) is meeting tomorrow to finalize our plan and get ready for submission. There are approximately 150 items that will need to be submitted post award, pre-launch and post launch) with varying due dates (14-days, 120-days, 140-days, etc.). Trillium will send letters to members/guardians of Tailored Plan eligibility prior to the July 2022 launch. Trillium will undertake a readiness review prior to launch to assure we are ready to start the Tailored Plan. Carolina Complete Health is Trillium's Standard Plan Partner. The process for a pharmacy benefit management vendor is still underway.</p>	
Conclusions	<ul style="list-style-type: none"> • Updates on the Tailored Plan will continue to be shared. • There were no questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> • N/A 		

12. Agenda topic: Annual GQIC Survey

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> • All members should have received an email with a link related to the Annual GQIC Survey through SurveyMonkey. Krissy requested members to complete the survey stating that their feedback is greatly appreciated and all ideas are considered in making improvements for the meetings. Survey Monkey is anonymous so members can feel free to be honest in their response to assure that GQIC meets their goals appropriately. The closing date for the survey is August 15th. 	
Conclusions	<ul style="list-style-type: none"> • There were no questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> • Krissy will re-send the link to the survey as some members stated they did not receive the information 	Krissy	today

13. Agenda topic: Open Agenda/Round Table Discussion

Presenter(s): All Members

Discussion	<ul style="list-style-type: none"> <p>• Quality of Life - Diane Diane shared there are not any standard tools that give good outcome measures for members diagnosed with IDD. There are no screening tools available nor behavioral checklists, etc. For members with IDD the measure for the State is Quality of Life (QOL) which has a large number of questions regarding QOL. This survey has only been used for members that have transitioned from congregate living to a community based setting. A pre-transition measure, a post transition measure and a year out possibly two years out measure is conducted with a follow-up. This data is graphed and shared on the State site. Diane is interested in finding other useful tools for QOL. There are no current screening tools for IDD on the Trillium website and Dr. Smith shared this will be looked at internally. The screening tools Trillium posts on the website are open source with a citation perhaps, but aren't ones that our providers have to pay for. Anyone can submit additional screenings tools to Dr. Smith and he will present at the Clinical Advisory Committee for discussion and approval.</p> <p>• Gaps & Needs in Trillium's Network - Frank Frank shared there is a huge need for providers in several areas. With the expansion of Tailored Plan and looking at members as whole persons and meeting their needs, how will Trillium address the lack of providers in the catchment area? He also noted that due to COVID current providers have been less active in working with individuals. Dr. Smith shared Trillium conducts an Annual Network Adequacy and Accessibility Survey which is part of the process for addressing these needs. Utilization Management requests are reviewed taking note of members on waiting lists and problems with availability. There are some areas we do not have services in because they are so rural and are not financially viable for providers. Trillium tries to incorporate other wrap around services in these instances. Trillium has a designated committee that reviews out-of-network requests on a monthly basis as well as requests for certain services in a specific area or region and discusses these in detail. With Tailored Plan implementation we will be assessing any gaps and needs and partnering with our Standard Plan Partner if there are gaps related to physical health needs that need to be addressed. We will also be reviewing claims through different types of HEDIS reports. Currently, our HEDIS reports encompasses behavioral health with some physical health (labs, diabetes risks, etc.) and these HEDIS measures will expand greatly with the Tailored Plan.</p> <p>• Board Certified Behavioral Analyst (BCBA) Law - Diane A law/bill was passed in North Carolina around May that Board Certified Behavioral Analysts can be licensed in the State of NC. This has been the biggest barrier in increasing BCBA's in the provider network because they couldn't be credentialed. Currently, a Board is being established to oversee the BCBA's licensure and</p>
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	<p>the plan at this time is this will be in place as of January 2022 and current and future BCBA's can apply for licensure through the Board. Right now the Psychology Board provides oversight for all of those activities. Current BCBA's that are not also psychologists can't be licensed, contracted with and can only provide ancillary services. When this is completed and the BCBA's (probably licensed as Licensed Behavioral Analyst, LBA) they will have to deal with NC Tracks (be credentialed). The current process is that licensed providers have to be credentialed/enrolled with NC Tracks before being contracted with Trillium. It is unknown at this time what this process will be as a Tailored Plan in the future.</p>	
<p>Conclusions</p>	<ul style="list-style-type: none"> There were no additional topics to add to October's Round Table Discussion. 	
<p>Action Items</p>	<p>Person(s) Responsible</p>	<p>Deadline</p>
<ul style="list-style-type: none"> N/A 		

Meeting Adjourned

Next Meeting Date: October 26, 2021

(All meetings convene from 10am - 12pm)

Supporting Document/Attachment for Minutes:

Meeting Minutes from previous meeting

Agenda

QIA Grid & Graphs Jul 2021

GQIC Work Plan 2020-2021

4th Qtr. 20-21 GQIC Data Report

GQIC Work Plan 2020-2021

GQIC Work Plan 2021-2022

GQIC Bylaws 2021-2022

Submitted by Susan Massey



Signature of
Diane Berth, Chair
Licensed Independent Practitioner

11/9/2021

Date