



Provider Meeting Agenda

Date/Time:	March 16, 2017
	10:00 am - 12:00 pm
Location:	3809 Shipyard Blvd, Wilmington, NC
	165 Center St, Jacksonville, NC
	112 Health Drive, Greenville, NC
	Join Using WebEx
	Meeting number: 738 987 069
	Meeting password: CPmyHM8V
	Audio Connection: 1-415-655-0002
	Access Code: 738987069
	Kristy Maddox Reed, Interim Network Operations Director
Chairperson:	Guest Chair: Adrienne Beatty, Network Operations Liaison

Agenda Topics

1. Welcome
2. Committee Updates
 - a. Provider Council
 - b. Clinical Advisory Committee
3. Provider Spotlight
 - a. Emergency of TeleTherapy/TelePsych Services - Scott Allen
4. Community Events:
 - a. Canines for Service - Walk & Dog Dash 11 Annual! March 25, 2017
 - b. Easter Seals UCP - Great Glow Run, Saturday May 2, 2015
5. Quality Management, Wylanda Jones
6. Network Operations Updates
 - a. Leadership Changes
 - b. Nash County Transition
 - c. Development Updates
 - d. Gaps and Needs Survey
7. Network Department Training - Release of Information Requirements - Brian Burke

Confirm next committee meeting
Thursday May 18, 2017



Provider Meeting Signature Sheet

CONFIDENTIALITY STATEMENT – My signature indicates that I understand and agree to maintain the confidentiality of all individually identifiable information created, viewed and/or discussed in this meeting or committee. I will not share any confidential information unless the law authorizes its disclosure.

Title: Provider Meeting		Date: March 16, 2017
Location: 165 Center Street, Jacksonville, NC		
NAME	AGENCY <i>Please do not abbreviate</i>	Email IF CHANGED OR NEW
Kimberly Squires	Universal	
LORI MEADS	TRILLIUM	
ELIZABETH HENDERSON		
LIZ PETTY		
KENDRICK ROGERS		



Provider Meeting Signature Sheet

CONFIDENTIALITY STATEMENT – My signature indicates that I understand and agree to maintain the confidentiality of all individually identifiable information created, viewed and/or discussed in this meeting or committee. I will not share any confidential information unless the law authorizes its disclosure.

Title: Provider Meeting		Date: March 16, 2017
Location: 3809 Shipyard Blvd, Wilmington, NC		
NAME	AGENCY <i>Please do not abbreviate</i>	Email *IF CHANGED OR NEW
Meriah O'Brien	RHA Health services	
Jim Hembrow	A Helping Hand, Wilmington	jimbrow@helpinghandofwilmington.com
Jode Knutson Day	PARC Health Services	jknutson@parthealth.org
Machelle Williams	Coastal Horizons	mwilliams@coastalhorizons.org
Melissa Wilson	New Hanover Schools	melissa.wilson@nhs.net
Jennifer Moore	A Caring Heart Case Management	jmoore@acaringheartinc.com
Don Hoover	Coastal Enterprises of WIL	
Diane Turner	Bayada	dturner@bayada.com
Kris Wilcox	RE International	kristopher.wilcox@reinternational.com
Joe Dunklema	ESUCP	joseph.dunklema@eastsealsucp.com



Provider Meeting Signature Sheet

CONFIDENTIALITY STATEMENT – My signature indicates that I understand and agree to maintain the confidentiality of all individually identifiable information created, viewed and/or discussed in this meeting or committee. I will not share any confidential information unless the law authorizes its disclosure.

Title: Provider Meeting		Date: March 16, 2017
Location: 3809 Shipyard Blvd, Wilmington, NC		
NAME	AGENCY <i>Please do not abbreviate</i>	Email <i>*IF CHANGED OR NEW</i>
Ashley Martin	ACCESS Family Services	amartin@accessfamilyservices.com
Cynthia + Mary	Coastal Autism Support	
Dennis Williams	DMH	
Molly Daugherty	RTHA	
Andrea Simmons	Community Support Agency	andreasimmons@csa.net
Racie Hanson	Coastal Solutions Eastern United Care	
Brian Mingia	Bryan Murr Hospital	brian.mingia@uhsinc.com



Provider Meeting Minutes

Date: March 16 2017

Meeting Called By	Adrienne Beatty, Network Liaison
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1. **Agenda topic:** Welcome
Presenter(s): Adrienne Beatty, Network Liaison

Discussion	<ul style="list-style-type: none"> N/A 		
Conclusions	<ul style="list-style-type: none"> N/A 		
Action Items	Person(s) Responsible	Deadline	

2. **Agenda topic:** Committee Updates
Presenter(s): Adrienne Beatty, Network Liaison

Discussion	<ul style="list-style-type: none"> Provider Council: March 9th, reviewed the access to State funds. Need to communicate with the Legislature regarding the need to continue to receive State funding and the impact it would have on the community if State funding was reduced. Plan to test a demo for Language Line at next Provider Meeting. Which is a Trillium based translation service in which providers do not have to find translators. This would be a pay for service or on demand in any language. Clinical Advisory Meeting: February 7th, reviewed all the QIP's, Pilot project for rating scales for Depression beginning in several agencies with new patients, Metabolic Monitoring of patients taking antipsychotics, and a possible project of monitoring children using antipsychotics. 		
Conclusions	<ul style="list-style-type: none"> N/A 		
Action Items	Person(s) Responsible	Deadline	

3. **Agenda topic:** Emergency of TeleTherapy/TelePsych Services
Presenter(s): Scott Allen, President - 2Mi Software Solutions

Discussion	<ul style="list-style-type: none"> See attached Power Point 		
Conclusions	<ul style="list-style-type: none"> N/A 		
Action Items	Person(s) Responsible	Deadline	

4. **Agenda topic:** Community Events
Presenter(s): a. Canines for Service - Walk & Dog Dash 11th Annual! March 25, 2017
 b. Easter Seals UCP - Great Glow Run, Saturday March 25, 2017



Discussion	N/A		
Conclusions	N/A		
Information	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> • <u>Canines for Service - Walk & Dog Dash 11th Annual!</u> March 25, 2017. • Walk registration opens at 10:00 am • Program begins at 10:45 am • Walk begins at 11:00 am • See website for limitations and event rules. • Website: caninesforservice.org to learn more about the program, services and opportunities • Attached brochure • <u>Easter Seals UCP Great Glow Run,- Saturday, March 25, 2017</u> • See attached Power Point. <p>Website: eastersealsucp.com/GreatGlowRun</p>			

5. **Agenda topic:** Quality Management
Presenter(s): Wylanda Jones, QM Coordinator

Discussion	<ul style="list-style-type: none"> • REMINDER: All 2016-2017 Quality Improvement Projects (QIP's) are due on or before 7/31/17. Any fully contracted provider agency with a state contract is required to submit 3 QIP's for fiscal year 16-17. A recommended template and scoring tool can be found on the Trillium website. Please submit QIP's to Qminfo@Trilliumnc.org • Quality Improvement Project Peer Review Opportunity: Trillium's Global Quality Improvement Committee offers the option for providers to request a review of their Quality Improvement Projects (QIP's) through a blinded peer review. As part of the review process, the committee will provide feedback regarding how the provider may more fully meet the expectations outlined by Trillium and improve their scores with the next submission. Prior to the committee receiving the QIP for review, Trillium will remove all identifying provider information to ensure the committee does not know who the provider is and to enable the committee to review the QIP impartially. Any providers wishing to participate in the blinded peer review, please contact Krissy Vestal at krissy.vestal@trilliumnc.org. All QIP's will need to be submitted by 3/31 to be included in the blinded peer review. <p style="background-color: #c6e0b4; padding: 2px;">• IRIS updates:</p> <p>As a reminder, it is the MCO expectation that reports be submitted in a timely manner with zero late submissions.</p> <p>If your agency is submitting a late report, please contact Julie McCall or Wylanda Jones to let us know. This will ensure that it is reviewed and processed in a timely manner.</p> <p>Late reporting affect Trillium's compliance scores that we have to submit to the state and can lead to a plan of correction for the agency.</p>
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	<p>If you receive a number for your incident report, that means that the report has been saved and you can use it to add updates to the report. If you receive the green thumbs up, that lets you know that your report has been submitted successfully. Receiving an incident report number does not guarantee that the report has been submitted.</p> <ul style="list-style-type: none"> • Medical Diagnosis and Medications need to be listed in the IRIS reports. Medical diagnosis should not be a repeat of MH/SA/DD dx but medical issues including but not limited to diabetes, history of seizures, heart attacks, etc. 		
Conclusions	N/A		
Action Items		Person(s) Responsible	Deadline

6. Agenda topic: Network Operations

Presenter(s): Adrienne Beatty, Network Liaison

Discussion	<p>Leadership Changes - William Holtz, Resignation as Network Director, Kristy Maddox Reed, Interim Network Operations Director until further notice.</p> <ul style="list-style-type: none"> • Autism Takes Flight Event at ILM - April 22, 2017 • Participants will have the opportunity to complete a <i>trial-run</i> airport experience including: getting a boarding pass, checking a bag, going through security, waiting at the gate and viewing a plane. Board Certified Behavior Analysts will be on hand to provide assistance and ABA strategies & tips for success. • Integrated Family Services - Hosting mobile crisis management session in Rocky Mount on March 17, focused toward the Nash County providers joining Trillium. More information go to Trillium website. • Listening Sessions / Public Forum regarding CABA Services - Sunset the requirements and remove the designation from the policies. There are two sessions: <ul style="list-style-type: none"> • March 28, 2017, Creedmoor Baptist Church, Raleigh 5-7pm • April 4, 2017, Pitt County Agriculture Center, Greenville 5-7pm For additional information contact Bert Bennett 919.855.4299 email bert.bennett@dhhs.nc.gov See attached Flyers Also see Trillium website • Nash County Transition - Welcome letters were mailed. Trillium is working a communication bulletin. Network and Contract working on obtaining all paperwork so that no interruption of services in patients or providers during the transition. Postponed July 1, 2017. Originally scheduled for April 1, 2017. • Newsbreak - Had several Newsbreak item updates - <ul style="list-style-type: none"> Network Newsbreak 067: ICD-10 Diagnosis Codes Network Newsbreak 069: Attention Intensive In-Home Service Providers Network Newsbreak 073: Communication Bulletin #J232 - Clinical Coverage Policy 8C Nurse Practitioner Credentialing 		
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	<p>Network Newsbreak 074: Communication Bulletin #J235 - Individual Placement Support (IPS) - Supported Employment Fidelity Evaluations. Also posted on Trillium website</p> <ul style="list-style-type: none"> • Development Update - Wylanda Reviewed • Gaps and Needs Survey- Surveys still available. Input is still needed. Deadline extended until March 31, 2017 		
Conclusions	N/A		
Action Items	Person(s) Responsible	Deadline	

7. Agenda topic: Network Department Training - Release of Information Requirements
Presenter(s): Brian Burke, Liaison

Discussion	<ul style="list-style-type: none"> • See Power Point Presentation 		
Conclusions	<ul style="list-style-type: none"> • N/A 		
Action Items	Person(s) Responsible	Deadline	

Meeting Adjourned

Next Meeting Date: Thursday, May 18, 2017
 (All meetings convene from)

Supporting Document/Attachment for Minutes:



Introduction to VPTherapy360 Cloud-Based Teletherapy Trillium Health Resources Provider Meeting

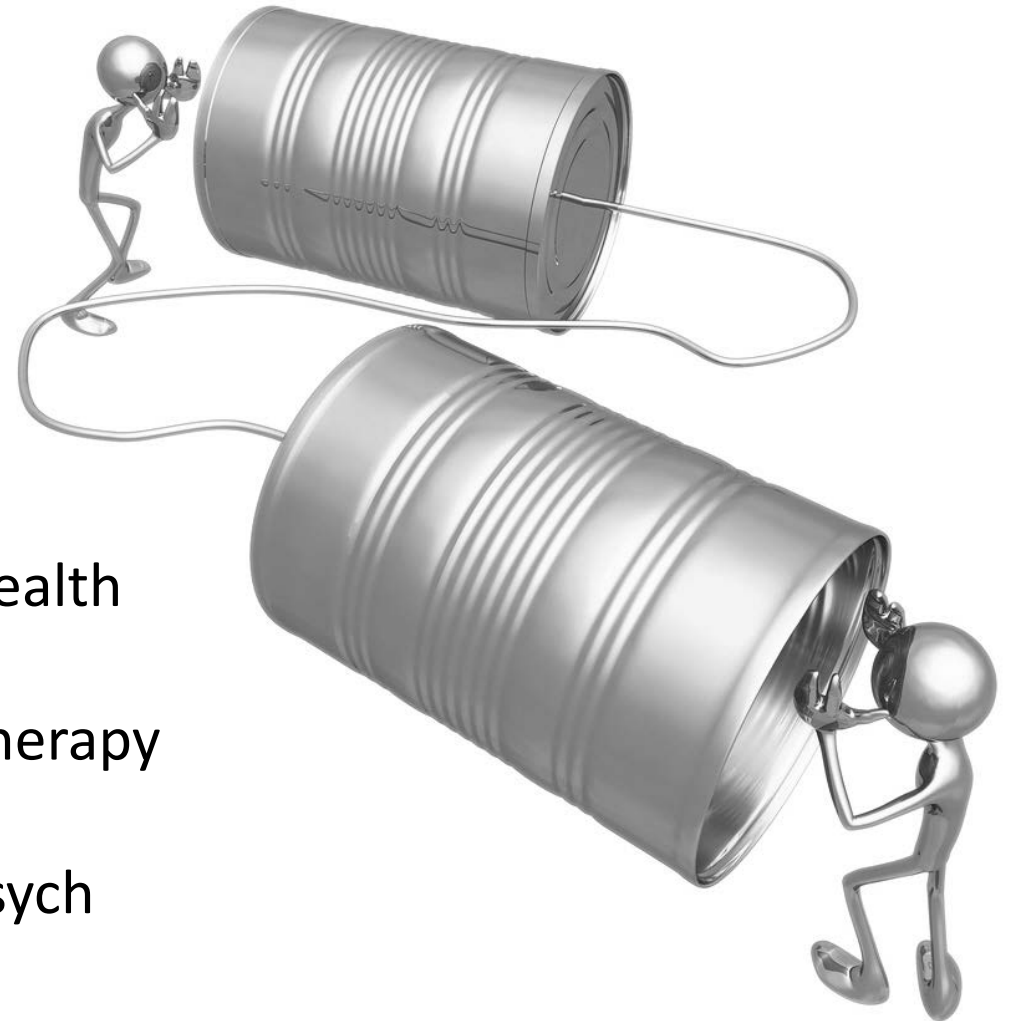
Thursday March, 16th 2017

Presented By:

Scott Allen

President – 2Mi-Software Solutions

The way we communicate has changed....



#TeleHealth

#TeleTherapy

#TelePsych

VP Therapy 360 

There are more than 30 Million Face to Face calls in the U.S. everyday.

VP Therapy 360 



Demand for Mental Health has never been greater and technology can help bridge the gap of care.

VP Therapy 360 



Our HIPAA
Compliant Cloud-
Based application
is a great
alternative when
in-office visits aren't
an option.

VP Therapy 360 



Skype, FaceTime
& Google
Hangouts are
NOT HIPAA
Compliant and
Should not be
used.

VP Therapy 360 



We are Driving Change in How Teletherapy has been Delivered in the Past **From this**.....

SMART Room System Medium for Microsoft Lync – video conferencing kit



Mfg. Part: SRS-LYNC-M | CDW Part: 3119458 | UNSPSC: 45111902

★★★★★ Write the first review

Availability: 2-4 days Orders placed today will ship within 4 days

1

\$29,605.99

Advertised Price

Lease Option (\$800.84 /month)

Add To Cart



Product Details

· Video conferencing kit

[View More](#)

Recommended Warranty

SMART Services Installation - on-site

0

\$3,486.99

Advertised Price

[Log On to Email this page](#) or [Save as Favorite](#)



1 Gbps or as much as you need, when you need it

METRO-e
Call Toll-Free 100



To This..... Using Standard Hardware & WiFi



All Sales / Computers/Tablets & Networking / Desktops & All-In-Ones / Apple Desktops & All-In-Ones

Apple 27" iMac MC813LL/A, Intel Core i5 2.7 Ghz, 4GB RAM, 1TB HDD

★★★★★ Write a Review

Share with Friends: [Tweet](#) [Like 0](#) [Pin it](#)



Original Price: ~~\$999.99~~

\$589.99

Shipping: Free Shipping!

Quantity:

Include 3-Year Product Repair Protection Plan for \$79.99

Include 2-Year Product Repair Protection Plan for \$59.99

Add to Cart

This deal is already so low, it isn't eligible for additional discounts/coupons.

VP Therapy 360

We can get your practice started in Tele-Therapy and scale as your use of Tele-Therapy increases.



VP Therapy 360 

For those of you here,
Let's Take a Quick Look

For those attending remotely,
We're happy to arrange an
On-line demo for you!

VP Therapy 360 

VP Therapy 360

Login to VP360

Username:

Password:

Enter Below Code:

n2X7Kx

Forgot your Username and Password?

Enter your email to get your username/password via email.

Email Address:

Enter Below Code:

x6A2Qj

FOR SUPPORT:
support@2mi-software.com

Watch our 60-Second Video

VP Therapy 360 

Connect | Manage | Communicate

Provide therapy sessions regardless of your location



HIPAA COMPLIANCE

VP Therapy 360 

The Way We Communicate Has Changed! Let's Get Started Today!



VP Therapy 360 

[Contact us](#) to Schedule a 15-Minute On-Line Demo.



We are based in Raleigh and are happy to provide
On-site demos and Training For Providers in the
Trillium Network

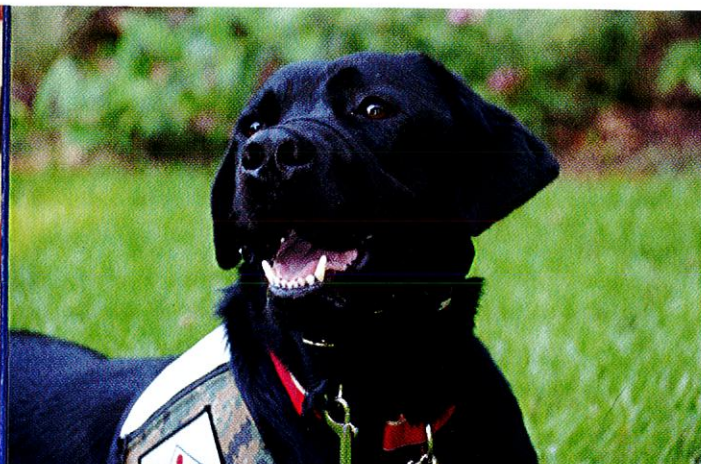
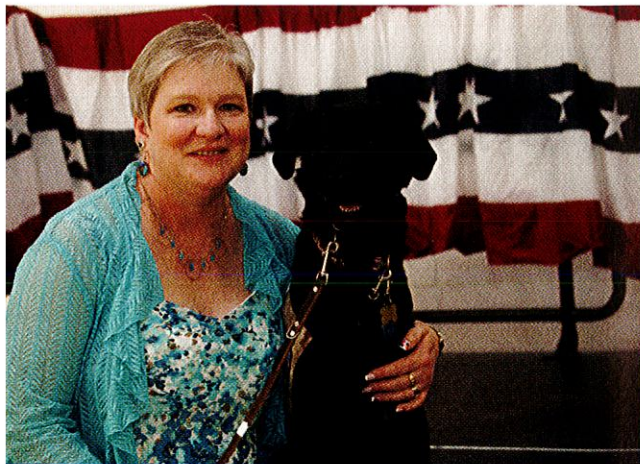
VP Therapy 360 

Thank You



Scott Allen
President
919.867.0496
sallen@2mi-software.com

Bruce Crain
Chief Client Engagement Officer
919.809.5775
bcrain@2mi-software.com



Canines for Service



What Our Recipients Say

"Every time I think about my life before receiving Luke, I wonder how I did everything without him. He has brought so much into my life. Thanks to Canines for Service for this wonderful gift."—Lisa

"As service members, it is sometimes difficult to put aside our pride and ask for help. It's a wonderful program. I couldn't be more blessed to have such an incredible companion." - Jeannette

Volunteers Needed

From dog walking to helping to train service dogs, we need you! Volunteers are needed to raise and train service dogs, plan events, help in the office, or train to become certified Canines for Therapy teams.

Canines for Service welcomes all volunteers, applicants and contributors. We do not discriminate with regard to sex, race, color, creed, religion, national origin or disability.

Access It's the Law

The Americans With Disabilities Act (28 Code Federal Register Part 36) recognizes service dogs as "reasonable accommodations" which allows them to access all public places including restaurants, businesses, malls, grocery stores, schools, parks, theaters, beaches, etc.

State Statutes

North Carolina's General State Statutes (Chapter 168 Article 1) grants full public access to certified service dogs, as well as to service dogs in training.

South Carolina's General Assembly (Section 43-33-20, Act 147 of 1987 further amended April 10, 2002).

Service dogs in training are governed under state statutes and most define topics such as what a service dog is, access rights, and injury or harm to the service dog or service dog in training. A comprehensive reference listing of state laws can be found at Assistance Dogs International, www.assistedogsinternational.org

Please welcome Canines for Service's dogs and service dogs in training into your place of business.

Changing Lives Four Paws at a Time



Canines for Service, Inc.
PO Box 12643
Wilmington, NC 28405

www.caninesforservice.org
910-362-8181

Tax ID: 56-2118747



An Assistance Dogs
International Accredited
Member

Mission

Canines for Service is dedicated to empowering people with disabilities to achieve greater independence and enhanced quality of life through the services of specially trained dogs.

Biblical Foundation

Do nothing from selfishness or empty conceit, but with humility of mind let each of you regard one another as more important than himself. Do not merely look for your own interests but also for the interests of others. Philippians 2:3-4

Benefits of A Service Dog

A person with a physical disability which limits their mobility benefits from a service dog that is individually trained to perform tasks. People with disabilities experience increased independence at home and in their community. Service dogs can | Pull wheelchairs | Open doors | Carry items | Retrieve dropped items | Retrieve a telephone, remote control or cell phone | Provide support for walking or transfers | Turn on/off lights | Load/unload washer & dryer

It takes up to 3 years to train a service dog. A Canines for Service dog is valued over \$40,000 and is placed **at no cost** to the recipient.

Programs

Canines for Service - Providing people with mobility limitations quality trained service dogs. Serving civilian clients within 10 hours driving distance of Wilmington, NC. Service dogs in training are raised in foster homes in the community.



Canines for Veterans- Providing Veterans with disabilities quality trained service dogs. Serving Veterans and service members, nationally, from all branches of the armed forces. Training program is approved by U.S. Department of Labor as an Apprenticeship program in service dog training technician.



Canines for Therapy- Providing comprehensive training to people and their dogs to volunteer in the community by visiting nursing homes, hospitals, assisted living and group facilities.



Canines for Literacy - Providing certified Canines for Therapy teams as literacy mentors for children to help the children improve their reading skills in a fun, non-judgmental way.



Give the Gift of Independence

Your gift of independence helps Canines for Service train and provide highly skilled service dogs at no cost to our clients.

Canines for Service relies on the generosity of your donations, corporate donations and sponsors, fundraising events and grants. There is no insurance or government funding for a service dog.

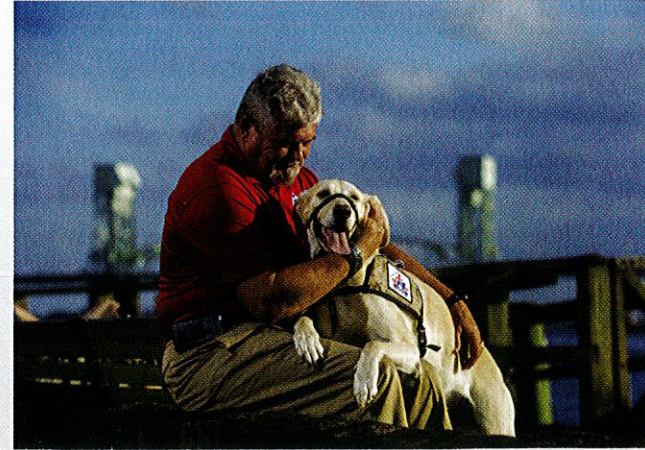
Suggested Giving

- Become a Continuing Companion with an ongoing monthly donation
- Support the Help Us Grow Fund
- Support the #titusstrong Emergency Medical Fund for service dogs working with our clients
- Support any one of our four programs
- Honor or memorialize a person or pet with a gift in their name
- Become a Corporate Sponsor

Donations are accepted via credit card at www.caninesforservice.org or you may mail a check to:

Canines for Service
PO Box 12643
Wilmington, NC 28405

Tax ID: 56-2118747 registered 501c3



March 25, 2017

Registration
NOW Open!

Registration: \$25 Adults, \$15 Students (13-19 years old)

Children Under 12 Free

Walk * Run * Fun



2017 Walk & Dog Dash

Grab Your Human & Register NOW

www.caninesforservice.org

Call: 910-362-8181



Check-In Opens 10 AM

Opening Ceremony: 10:45 AM

Walk Starts 11 AM

Benefits Canines for Service

WHERE: Hugh MacRae Park Shelter #5

FEATURING: 2 mile Walk or Fun Run, Vendors, Activities, Raffle, Food & Photographs by Michael Cline Photography

Sponsors



Your Company Logo Could be Here! Sponsor Today



We work side-by-side with children, adults & families who are managing disabilities and mental health challenges.

We serve as a nurse, a therapist, a social worker, a job counselor, a teacher, a psychologist, a caregiver and a compassionate friend all rolled into one.

Our purpose is to help neighbors in need achieve better days and live their best possible life.



Easterseals UCP

What We Do in Our Local Communities

- Wilmington: 910.790.5921
 - Child Development Center
 - Child Placement / Foster Care
 - Individual Community Supports
 - Supported Employment
 - Group Homes



Easterseals UCP

What We Do in Our Local Communities

- New Bern: 252.636.6007
 - Child Development Center in nearby Havelock, NC
 - Child Placement / Foster Care
 - Individual Community Supports
 - Supported Employment
 - Intensive In-home Services
 - Child First Program



Easterseals UCP

What We Do in Our Local Communities

- Greenville: 252.353.8001
 - Child Development Center
 - Child Placement / Foster Care
 - Individual Community Supports
 - Supported Employment
 - Group Homes
 - MST
 - Child First Program



The Great Glow Run

Easterseals UCP

www.eastersealsucp.com/GreatGlowRun

**An illuminated nighttime
experience**

Saturday, March 25, 2017
UNION POINT PARK
NEW BERN, NC

KIDS FUN RUN/WALK AROUND THE PARK 6:30 PM
5k RUN/WALK 7:45 PM



Volunteering

- If you would like to volunteer please contact **Karen Manspeaker**:
 - Karen.Manspeaker@eastersealsucp.com





Great Glow Run

New Bern, NC

Click Here

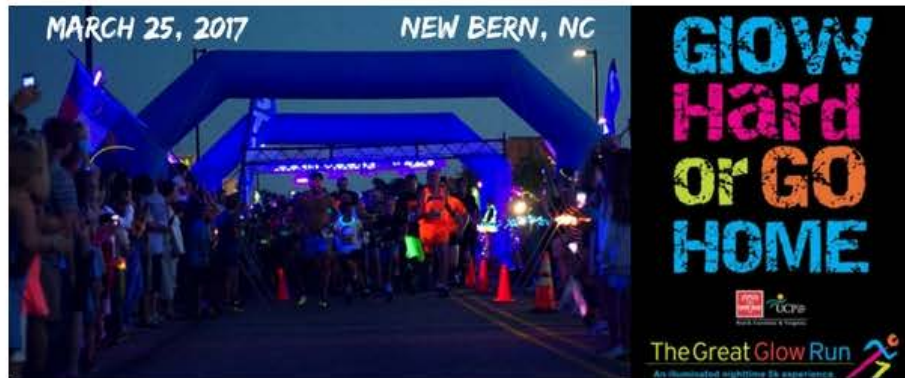


About Participants Teams Results Awards Contact

Register Now

About this Event

Join us for the 5th Annual Great Glow Run on Saturday evening March 25th in Downtown New Bern, NC. This unique 5K comes complete with glow sticks & necklaces & glow-in-the-dark paint so you can light up the night as you walk or run along New Bern's historic, waterfront streets. An annual evening 5K run/walk that benefits people needing Easter Seals UCP services locally.



The Great Glow Run is a Nighttime 5K Race that draws runners of all ages and abilities to this fun, eye-catching spectacle! Participants dress in their favorite glow gear, headbands, necklaces, LED clothing, body paint, and more, and shine their brightest while creating lasting memories with family and friends.

When & Where

Mar 25, 2017
Saturday
6:30 PM

New Bern, NC
Union Point Park
[Courses & Maps](#)

[Add to Calendar](#)
[Event Schedule](#)

See if you're registered

Get the Mobile App

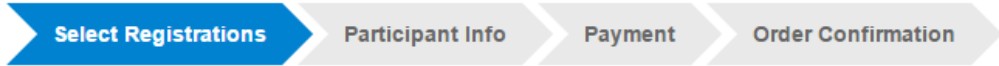
Get live athlete tracking, full event information, and much more in the palm of your hand with the ITS YOUR RACE app.





Great Glow Run

Saturday, Mar 25, 2017
New Bern, NC



Use code **GGRTEAM** if you have 10+ people on your team

Have a promo code? Enter it and click the Apply button first:

Apply Code

Select your Registration(s)

You can add multiple registrations at the same time. Simply select the number desired from each quantity box before pressing the Continue button.

TYPE	PRICE	FEE	QUANTITY
Great Glow Run 5k registration at this price ends 03/22/2017 11:59 PM	\$40.00	\$3.65	0
Kids 6 and Under Quarter Mile TIMED RUN! registration at this price ends 03/22/2017 11:59 PM	\$15.00	\$2.95	0

Continue >>



Great Glow Run

Saturday, Mar 25, 2017
New Bern, NC



Registration Summary		
Registration Type	Qty	Total
Great Glow Run 5k	1	\$43.65
Total Amount Due:		\$43.65

Time Limit

19:20 You have 20 minutes to complete the registration process. After 20 minutes your registration is released to others.

[Release registrations now](#)

Log In

If you already have an ITS YOUR RACE account, sign in now and we'll pre-fill the registration forms for you.

Email

Password

Log In

Log In / Create an Account using Facebook

Connect with Facebook

Sign Up

Don't have an ITS YOUR RACE account? Create one and you'll speed registration for your next event.

First Name*

Last Name*

Email*

Password*

Confirm Password*

Sign Up

In a hurry? You can also simply checkout as a guest.

Checkout as a Guest

- No Team
- Create Team
- Join a Team

5K #1

ITS YOUR RACE
Browse Events / Results
My Account ▾

Personal Information

First name*

Last name*

Birthdate*

Address

Address*

Address Line 2

City*

Contact Information

Email*

Phone*

Automatically receive texted results?

Emergency Contact

Contact Name*

Contact Phone*

Event Questions

Would you like to join or create a team?

Terms & Conditions Agreement

Waiver:*

any decisions of a race official relative to my ability to safely complete the run, I assume all risks associated with running in this event, including to but not limited to: falls, contact with other participants, effects of the weather, traffic, the condition of the road, and gastrointestinal discomfort. All such and related risks being known and appreciated by me. Having read and understood this waiver and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release O, race organizers and volunteers, and all sponsors, their officers, employees, agents, representatives and successors from all claims or liabilities of any kind resulting from my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to

I agree to the above waiver

Initial if you are:*

- The participant and you are over 18 years of age
- The parent/legal guardian of the participant who is under 18 years of age
- The legal guardian of the participant who is incapacitated and/or mentally challenged

Continue >>
cancel

Questions?





THANK YOU



Listening Session/Public Forum—CABHA Services

The Division of Medical Assistance in collaboration with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services is preparing to sunset the requirements and remove the CABHA designation from policies in which CABHAs are the provider (Intensive In-Home, Community Support Team, Child and Adolescent Day Treatment, MH/SA Targeted Case Management). DMA is seeking stakeholder input to help ensure that quality medical and clinical oversight remains a part of each of these services as CABHAs will no longer provide this oversight. DMA and DMH invite stakeholders to offer feedback concerning this policy change.

March 28, 2017

5-7 p.m.

Creedmoor Baptist Church

6001 Creedmoor Rd

Raleigh, NC 27612

For additional information, please contact:

Bert Bennett

bert.bennett@dhhs.nc.gov

or (919) 855-4299



Medical Assistance
HEALTH AND HUMAN SERVICES



Listening Session/Public Forum—CABHA Services

The Division of Medical Assistance in collaboration with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services is preparing to sunset the requirements and remove the CABHA designation from policies in which CABHAs are the provider (Intensive In-Home, Community Support Team, Child and Adolescent Day Treatment, MH/SA Targeted Case Management). DMA is seeking stakeholder input to help ensure that quality medical and clinical oversight remains a part of each of these services as CABHAs will no longer provide this oversight. DMA and DMH invite stakeholders to offer feedback concerning this policy change.

April 4, 2017

5-7 p.m.

Pitt County Agriculture Center

403 Government Circle

Greenville, NC 27834

For additional information, please contact:

Bert Bennett

bert.bennett@dhhs.nc.gov

or (919) 855-4299



Medical Assistance
HEALTH AND HUMAN SERVICES



Gaps and Needs Assessment

Trillium Health Resources is required to conduct an annual survey to identify gaps and needs in services throughout the 24 counties we serve.

There are various surveys for the different groups such as enrollees and their families, stakeholders in the community, and Trillium staff.

Visit our website at www.trilliumhealthresources.org and select the link on our home page that reads “Click here to complete the Trillium Needs Assessment Survey.” Then, select the survey that matches your relationship with Trillium. Or, use a mobile device to scan the QR code below.

TOPICS COVERED

Survey questions are from the state and CFAC. A sample of questions are:

- What service needs do you have that are not being met? Check as many as apply.
- In what county do you receive services? Please select all that apply.
- Are you on the waiting list for Innovation Waiver services?

SURVEY DETAILS

* **Surveys will be simple to complete**

Most people can finish in about 15 minutes.

* **Paper and Spanish copies will be available**

Contact Trillium at the number below and ask for Kathryn Mathis if you need to complete a paper copy.

* **Surveys are available for enrollees and family members, Trillium staff, stakeholder agencies/organizations, and board members.**

If completing the survey online, be sure to select the correct version. The QR code below is for enrollees only.

* **Deadline**

The survey will be available online January 9–February 10.

* **Questions?**

If you have questions about the survey, please call the Trillium Administrative and Business Line at 1-866-998-2597. Please do not call the 24-hour Access to Care Line if you have questions about the survey.

QR CODE





Trillium Health Resources Consumer & Family Survey 2017

1. Please identify your primary diagnosis:
- Intellectual-Developmental Disability (IDD)
 - Mental Health (MH)
 - Substance Use Disorder (SUD)
 - Dual Diagnosed (MH & SUD)
 - If other, please specify
-

2. Which of the following services do you receive? Please select all that apply.
- Child/Adolescent Mental Health
 - Child/Adolescent Developmental Disabilities
 - Child/Adolescent Substance Abuse
 - Adult Mental Health
 - Adult Developmental Disabilities
 - Adult Substance Abuse
 - If other, please specify
-

3. How old are you?

4. What is your gender?
- Male
 - Female
 - Other
-

5. What is your marital status?
- Single
 - Married/Civil Union
 - Living with Partner
 - Separated/Divorced
 - Widowed
-

6. What is your ethnicity?
- Hispanic or Latino/Latina

Not Hispanic or Latino/Latina

7. What is your race? Please select all that apply.

Native American

Asian

Hawaiian/Pacific Islander

Black or African American

White/Caucasian

If other, please specify

8. What is your religious preference or spiritual tradition?

Christian

Judaism/Jewish

Muslim/Islam

Zoroastrianism

Buddhist

Hinduism

Sikhism

No Religious Preference

If other, please specify

9. What is the primary language you speak at home?

English

Spanish

Other/multiple languages (please specify)

10. Are you able to receive services in the language you are most comfortable communicating in?

Yes

No

11. Which of the following categories describes a population you could represent? Select 'N/A' if none of the categories apply. Please check all that apply.

- Pregnant women
 - Foster parent/child
 - Adoptive parent/child
 - Lesbian, gay, bisexual, and transgender (LGBT) community
 - Served in the military (i.e., Air Force, Army, Coast Guard, Marine, Navy, National Guard, Reserve)
 - Military family member (i.e., child, sibling, parent)
 - Traumatic brain injuries
 - Physical or sensory disabilities
 - Intellectual or developmental disabilities
 - Autism/Autism Spectrum Disorder/Asperger's Syndrome
 - Deaf or hard of hearing
 - Blind/visually impaired
 - Mental health issue
 - Substance use issue
 - Sexually aggressive
 - Jail or prison experience
 - Juvenile justice system experience
 - Experienced homelessness
 - Experienced domestic violence
 - Experienced natural disaster
 - Experienced mass shooting
 - N/A
 - If other, please specify
-

12. In what county do you receive services? Please check all that apply.

- Beaufort
- Bertie
- Brunswick
- Camden
- Carteret
- Chowan
- Craven
- Currituck
- Dare
- Gates
- Hertford
- Hyde
- Jones
- Martin
- New Hanover
- Northampton
- Onslow
- Pamlico

- Q Pasquotank
 - Q Pender
 - Q Perquimans
 - Q Pitt
 - Q Tyrrell
 - Q Washington
 - Q If other, please specify
-

13. Are you getting the services you need?

- Yes
- No

If not, what services do you need that you're not getting?

14. What is your greatest unmet need?

15. How did you find out about Mental Health, Intellectual-Developmental Disability, or Substance Use Disorder services?

- Q Doctor/Therapist
 - Q School
 - Q Friends/Family
 - Q If other, please specify
-

16. Have you had to go outside the county you live in for Mental Health, Intellectual-Developmental Disability, or Substance Use Disorder services in the past year?

- Yes
 - No
 - N/A
-

17. If you had a Mental Health, Intellectual-Developmental Disability, or Substance Use Disorder crisis in the past year, did you receive the help you needed?

- Yes
 - No
 - N/A
-

18. Are you on the waiting list for Innovation Waiver services?

- Yes
 - No
 - Don't know
-

19. If yes, are you receiving any support service hours?

- Yes
 - No
 - Don't know
-

20. Are you on the waiting list for housing such as group homes or intermediate care facilities?

- Yes
 - No
 - Don't know
-

21. How many times in the past year has your support staff changed?

- 0
 - 1-2
 - 3-4
 - 5 or more
 - N/A
-

22. What service needs do you have that are not being met? Check as many as apply.

- Supported employment services
 - Residential services
 - Group homes
 - Intermediate care facilities
 - Day programs
 - Adult developmental vocational programs
 - Too few support service hours
 - Respite
 - If other, please list
-

23. What information or education would help you or your family?

24. Do you understand what a peer support specialist is and how they might help you?
(Peer Support Specialists are people living in recovery with mental illness and/or substance use disorder and who provide support to others who can benefit from their lived experiences. The North Carolina Certified Peer Support Specialist Program provides acknowledgement that the peer has met a set of requirements necessary to provide support to individuals with mental health or substance use disorder.)

Yes

No

Additional Comments

25. Have you received any service that involved a peer support specialist?

Yes

No

Don't Know

26. If yes, did the peer support specialist meet your needs?

Yes

No

N/A

27. If no, do you think services offered by a peer support specialist would be helpful to you?

Yes

No

Don't Know

28. What service needs do you have that are not being met? Check as many as apply.

Facility-based Crisis

Crisis Respite

Detoxification

Mental Health or Substance Use Intensive Outpatient (IOP) Treatment for Children and Adolescents

Mental Health or Substance Use Intensive Outpatient (IOP) Treatment for Adults

Mental Health or Substance Use Inpatient/Longer Term Treatment for Children and Adolescents

Mental Health or Substance Use Inpatient/Longer Term Treatment for Adults

Recovery Housing (half-way houses for transition after treatment) for SUD

Addiction Counseling

Psychological Counseling (Talk Therapy)

Mental Health Support Groups

Supported Employment Services

If other, please list

29. What challenges keep you from accessing the mental health or substance use disability services you need?

Transportation

Inconvenient hours

Wait too long for appointments

- Lack of insurance
 - Cost of medications
 - If other, please list
-

30. What information or education would help you or your family?

- Substance Use Parenting Program
 - Child/Youth Substance Use Disorder Education
 - Adult Substance Use Disorder Education
 - Recovery and Support Education/Relapse Prevention
 - Wellness Recovery Action Planning (WRAP-overall wellness in recovery from SUD/MH)
 - Medication Management
 - Suicide Prevention
 - Mental Health Parenting Program
 - Youth Mental Health Education (Mental Health First Aid)
 - Adult Mental Health Education (Mental Health First Aid)
 - How to Advocate for Myself
 - If other, please list
-

31. Are you aware of the availability of Narcan/Naloxone kits to save lives from opiate (Heroin, Oxycodone, etc.) overdoses?

Yes

No

Additional Comments

32. Are you using 12-step groups in your area to help with your SUD issues?

Yes

No

N/A

33. If yes, has the 12-step approach been helpful?

Yes

No

Don't Know

Additional Comments

34. Did you understand the survey questions?

Yes

No

35. Does this survey ask questions that are important to you?

Yes

No

Some of them

Don't know

36. Would you be interested in the results of this survey?

Yes

No

Don't Know

Additional Comments

37. Were your needs met during the recent Hurricane Matthew flooding?

Yes

No

N/A

Additional Comments

38. Please provide any additional comments here.



Trillium Health Resources Stakeholder Survey 2017

1. What is your relationship to Trillium LME/MCO?

- Staff Member
 - Board Member
 - Stakeholder (such as treatment providers, staff of hospitals, social services, law enforcement, schools, and other healthcare providers, etc.)
 - If other, please specify
-

2. If you selected "Staff Member" above, please identify in which Trillium Health Resources LME/MCO Department you work:

- Executive Management
 - Network
 - Utilization Management
 - Care Coordination
 - Finance and Human Resources
 - If other, please specify
-

3. If you selected "Stakeholder" above, please identify your role in the community:

- Trillium Health Resources LME/MCO Contracted Service Provider
- Division of Social Services
- Division of Social Services, Child Protective Services
- School System
- Public Health
- Department of Justice
- Division of Juvenile Justice
- Probation/Parole
- Department of Veterans Affairs
- Police Department
- Sheriffs Department
- Service Provider
- Primary Care Provider
- Specialty Care Practice
- Hospital
- Federally Qualified Health Center (FQHC)
- Community Care Clinic
- Guardian Ad Litem

- Community Member
 - If other, please specify
-

4. Please identify the county(ies) in which your organization has offices:

- Beaufort
 - Bertie
 - Brunswick
 - Camden
 - Carteret
 - Chowan
 - Craven
 - Currituck
 - Dare
 - Gates
 - Hertford
 - Hyde
 - Jones
 - Martin
 - New Hanover
 - Northampton
 - Onslow
 - Pamlico
 - Pasquotank
 - Pender
 - Perquimans
 - Pitt
 - Tyrrell
 - Washington
 - If other, please specify
-

5. Please identify the county in which you live:

- Beaufort
- Bertie
- Brunswick
- Camden
- Carteret
- Chowan
- Craven
- Currituck
- Dare
- Gates
- Hertford
- Hyde
- Jones
- Martin
- New Hanover

- Northampton
 - Onslow
 - Pamlico
 - Pasquotank
 - Pender
 - Perquimans
 - Pitt
 - Tyrrell
 - Washington
 - If other, please specify
-

6. If you are a provider or stakeholder, please check all disability groups that your organization/agency serves within the Trillium Health Resources service area. MH=Mental Health, I/DD=Intellectual/Developmental Disabilities, SUD=Substance Use Disorder.

- MH Adult
 - MH Child
 - I/DD Adult
 - I/DD Child
 - SUD Adult
 - SUD Child
-

7. If you are a provider or a stakeholder, please identify the number of years you have had a working relationship with Trillium Health Resources LME/MCO?

8. Do you feel the services offered in the Trillium Health Resources LME/MCO region are addressing your consumer's cultural and ethnic needs?

- Yes
- No
- Not Sure

Additional Comments

9. If no, in your opinion what cultural or demographic groups are experiencing gaps?

10. What are those gaps?

11. Do you feel the services offered in the Trillium Health Resources LME/MCO region are addressing the service needs of individuals with co-occurring physical, visual/hearing disabilities or other disabilities?

Yes

No

Not Sure

Additional Comments

12. If no, what are those gaps?

13. In the county(ies) you serve, what gaps in services exist?

14. Can you identify ways that Trillium could have assisted communities in the catchment area who experienced the flooding disaster as a result of Hurricane Matthew?

15. Additional feedback that you would like to give Trillium LME/MCO.

OVERVIEW- RELEASE OF INFORMATION

NETWORK DEPARTMENT

Transforming Lives



AGENDA

- Review of Confidentiality Rights Notifications
- Review of Consent for Release of Information Requirements



Requirements for Informed Consent

- Providers are responsible for notifying consumers that release/disclosure of information may only occur with a consent unless it is an emergency or for other exceptions as detailed in the General Statutes or in 45 CFR 164.512 of HIPAA.
- Providers must also inform consumers that provision of services is not contingent upon consent and of the need for such release.
- The client or legally responsible person shall give consent voluntarily.


OVERVIEW AND INSTRUCTIONS

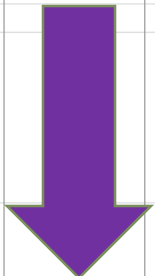
Consent for Release of Information Form

- Routine Monitoring consists of a review of the provider's policy and procedure for Informed Consent.
- Monitoring will include a review of the provider's policy regarding release of confidential information and a review of the Consent to Release Information Form.

OVERVIEW AND INSTRUCTIONS

- The DHHS Authorization to Release Records Checklist can be located on both the Agency and LIP Monitoring Tool. See Tab....

 DHHS Authorization to Release Records Checklist		PROVIDER / FACILITY NAME:									REVIEW DATE(S):
		Record									
Item #	Questions:	1	2	3	4	5	6	7	8	9	
1	The service recipient's name	<input type="text"/>									
2	The name of the facility releasing the information										
3	The name of the individual or individuals, agency or agencies to whom information is being released										
4	The information to be released										
5	The purpose for the release										
6	The length of time the consent is valid										
7	A statement that the consent is subject to revocation at any time except to the extent that action has been taken in reliance on the consent										
8	The signature of the service recipient or the service recipient's legally responsible person										
9	The date the consent is signed.										
10	The individual must specifically authorize the release/disclosure of information which contains Substance Abuse information (42 CFR Part 2). For example, boxes to be checked indicating authorization; statement of authorization, etc. These examples are not all inclusive.										
11	The individual must specifically authorize the release/disclosure of information which contains HIV/AIDS information (NC General Statute 130A -143). For										



Instructions / Guidelines / Overview / Frequency-Licensed Surveys / Workbook Set-up / OVERALL SUMMARY / Routine Monitoring / **Record Release Checklist** / Medication Review / Pos

OVERVIEW AND INSTRUCTIONS

- There are 11 required elements of the Authorization to Release Information Form.
- Each form must be completed entirely for each disclosure entity.
- Providers/LIPs CANNOT list more than one disclosure entity on a form.
- Providers/LIPs CANNOT include multiple family members of the same form.

Consent for Release: Elements 1-3

- **1: The Service Recipient's Name**
 - Must include full legal name; do not use nicknames
- **2: The Name of the Facility/Provider Releasing the Information**
 - For independently contracted LIPs, must have LIP name, not partnership name.
 - Example: Sam Price, LIP working in a partnership with other LIPs called Healing Place, must list Sam Price, LIP as the Provider, not Healing Place.
- **3: The name of the individual or individuals, agency or agencies to whom information is being released**
 - One Consent for each Disclosure Entity

Consent for Release: Elements 4-7

- **4: Information to be Released**
 - Can be set up as check boxes, lines for initials, or left blank to write in specific purpose.
 - Examples: Medical Records, Treatment Plan, Discharge Summary
- **5: Purpose for the Release**
 - Examples: Coordination of Care, Obtain Comprehensive Records.
- **6: Length of Time Consent is Valid**
 - Cannot exceed 1 year.
- **7: A statement that the consent is subject to revocation at any time except to the extent that action has been taken in reliance on the consent**

Consent for Release: Elements 8-11

- 8: The signature of the service recipient or the service recipient's legally responsible person
- 9: The date the consent is signed
 - For EMR, signatures should be date/time stamped in accordance with APISM 45-2.
- 10: Specific authorization for the release/disclosure of information which contains Substance Abuse information (42 CFR Part 2).
- 11: The individual must specifically authorize the release/disclosure of information which contains HIV/AIDS information (NC General Statute 130A -143).
 - For example, boxes to be checked indicating authorization; statement of authorization, etc. These examples are not all inclusive.

Consent to Release Information Form- TIPS

- Complete Release of Information Forms for coordinating providers at intake to initiate appropriate Coordination of Care.
- Review Release of Information Form to ensure the consumer/LRP completed the form in its entirety, included dating the signature.
- Attach a copy of the Release of Information for any time a disclosure is made to ensure consumer/LRP consent.
- Update Release of Information Forms prior to expiration of previous forms.

Questions?

- Network Liaisons are available to offer Technical Assistance.
- Refer to DHHS Routine Monitoring Tools- Guidelines

