

Innovations Stakeholders Committee

AGENDA

4/06/17

6:00 – 8:00 p.m.

Video-Conference from Elkin, Hickory and Gastonia

- 1) Welcome and Introductions**
- 2) Integrated Care Presentation - Jennifer Greene**
- 3) IDD Toolkit Discussion - Jennifer Greene/ Doug Gallion**
<http://vkc.mc.vanderbilt.edu/etoolkit/>
- 4) Approval of Minutes**
- 5) Public Comment**
- 6) Old/ New Business**
- 7) IBT Letter Template - Personal Outcome Measures = 4-5 Top Priorities? - Tammy Gilmore**
- 8) UM Updates - Charity Bridges**
- 9) ASD / Supported Living / Conference Updates - Doug Gallion/Ginny**
- 10 Next Meeting: May 4, 2017 6:00 – 8:00, Video-conference from Elkin, Hickory, Gastonia**
- 11 Adjournment**

Minutes

Name:	Stakeholder Meeting
Date:	Thursday, April 6, 2017
Time:	6:00 pm
Meeting Place:	Basement Conference Room Hickory First Plaza Building, Video-Conference w/ Gastonia & Elkin

MEMBER	PRESENT	MEMBER	PRESENT	MEMBER	PRESENT
1. Ginny Hall, Chair, F	P	8. Gayle Mitchell, F	P	15. Peg Hites, F, S	Ex
2. September Stallings, P	P	9. Gertrude Bivens, F	P	16. Linda McCrary, F	P
3. Irene Gomez, F	P	10. Bridget Soots, F, CM, A, S	Ex	17. Darren Staley, P	Ex
4. Karla Hernandez, F	P	11. Christina Rojas, F, A	Ab	18. Patty Schaeffer	P
5. Lisa Carroll, F	Ex	12. Traci Butler, P	P		
6. Janet Drum, S	Ab	13. Donnie Thurman, F	Ab		
7. Amie Brendle, F, A	P	14. Barbara Servino, F, S	Ab		

F- Family P- Provider A- Advocate S- Stakeholder CM- Community Member C- Consumer

Partners Staff in Attendance:	Doug Gallion, DeAnne Barnes, Tammy Gilmore, Shirley Moore, Joan Vaughn
Guest in Attendance:	Betzaida Ruiz (F), Jennifer Greene- Partners, Rebecca & Daniel Glynn (F)

Topic:	Whole Person Integrated Care
<i>Presenter:</i> <i>Information Presented:</i>	<p>Jennifer Greene</p> <ul style="list-style-type: none"> • Handout • Physical health and Mental MUST work together. Behavior Specialist can help Medical Doctor with same patient • We have HUB centers operating in the following counties: Burke, Lincoln, Cleveland, Iredell and Gaston. More to come in the future hopefully! • Working on a 3 Tier system: <ul style="list-style-type: none"> • Local • Community as a whole • Time Bank (similar to barter system; Cleveland Co. art center is good example) • Collective Impact is Goal. 5 key components: <ul style="list-style-type: none"> • Shared Vision • Shared Measurement • Shared Communication • Mutual Reinforcing Activities • Strong Backbone Structure
Topic:	Welcome, Introductions & Minutes
<i>Presenter:</i> <i>Information Presented:</i>	<p>Ginny Hall</p> <ul style="list-style-type: none"> • Ginny welcomed everyone and opened the meeting with introductions and a brief summary of the agenda. It was noted that there are enough members present to vote.

	<ul style="list-style-type: none"> The February minutes were approved unanimously with no changes to be made.
Topic:	Public Comment
<i>Presenter:</i> <i>Information Presented:</i>	<ul style="list-style-type: none"> No Public Comment Old Business <ul style="list-style-type: none"> Upcoming Family Training 4/18 @ 6pm held at all locations. My Experience surveys are still in progress. Doug will have a report at the May meeting
Topic:	Individual Budget Letter Template / Personal Outcome Measures
<i>Presenter:</i> <i>Information Presented:</i>	<p>Tammy Gilmore</p> <ul style="list-style-type: none"> IBT: Handout The previous letter lacked explanation and was confusing to families Partners IDD has added language to explain the letter and answer some common questions It has cut down on some of the questions that have been coming in POM: handout Partners is currently getting staff certified as POM interviewers Making sure that people's rights are respected and they have some control over their lives We can learn and better our services Trying to identify the top priority to help identify new services needed, quality enhancement, HCBS, network development, etc. Please indicate YOUR top 4 or 5 and return forms to Stefanie Robbins
Topic:	Intensive Review - UM
<i>Presenter:</i> <i>Information Presented:</i>	<p>Doug Gallion (for Charity Bridges)</p> <ul style="list-style-type: none"> 594 were reviewed by UM 275 (46%) are in Intensive Review (IR) status \$143,462.33 has been approved that is over the baseline budget UM is not in the business of saying "NO". They work to approve what they legitimately approve.
Topic:	Autism Spectrum Disorder/Supported Living/Conference Updates
<i>Presenter:</i> <i>Information Presented:</i>	<p>Doug Gallion</p> <ul style="list-style-type: none"> ASD: conference was great. A member from Lincoln County was a speaker and helped end the conference. Very special and said more than words! Doug will gladly share info he has. Let Stefanie know if you are interested. Supported Living Conference: is brand new conference and service definition is new to our state. Vaya is a sponsor and the want any and all to participate and show how it has helped them and can work in our state. All handouts have not been posted yet. Doug will share as they become available. NC Tide: Coming up at the end of April. Partners will send staff. Doug will share about that in May

Topic:	Other?
<i>Presenter:</i> <i>Information Presented:</i>	<ul style="list-style-type: none"> • No topics
Adjournment:	8:00 pm
Next Meeting:	Thursday, May 4, 2017 at 6:00 PM in the Basement Multi-Purpose Room at Hickory First Plaza
Attachments/Handouts:	<ol style="list-style-type: none"> 1. Whole Person Integrated Care 2. Partners Letter 3. 3 Key Factors
Respectfully Submitted By:	Stefanie Robbins



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Partners BHM Sign-In Sheet

DATE: 4/06/17 MEETING: IDD Stakeholder Mtg--Elkin

1	Gayle Mitchell	Parent (CPIE)	gmitche1128660@yahoo.com
2	Rebecca (Becky) Glynn	Parent	rbg82766@yahoo.com
3	Daniel (Dan) Glynn	"	"
4	Amie Brendle	Parent	sal00601@gmail.com
5	Jean Vaughn	Partners	
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Hickory
Site

Stakeholders Mtg

April 6, 2017

Sign-In

<u>Name</u>	<u>Affiliation</u>	<u>Email</u> ^{or} <u>Phone</u>
Alison Hall	Parent	ginhall2004@yahoo.com
Jennifer Greene	Partners	jgreene@partnersbhm.org
Patty Schaeffer	Partner CFAI chin	pattyschaeffer@gmail.com
Scott Smith	Destiny Management	same same
Dann Brando	Partners	
Marla Hernandez	Parent	khverevob2002@yahoo.es
Betzaida Nunez	Grandmother	-
Linda Meloy	Parent	
Irene Gomez	Parent	irene.papas.morelia@hotmail.com



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Partners BHM Sign-In Sheet

DATE: 4/06/17 MEETING: IDD Stakeholder Mtg--Gastonia

1	DOUG GALLION	IDD CC	dgallion@partnersbhm.org
2	Tammy Gilman	IDD CC	
3	Rachael Terzani	IDD CC	
4	Traci Butler	DDR	tracibutler@chirinc.org
5	Gertrude Bivens		gbivens68@bellsouth.net
6	Shirley B. Moore	PDHM/Consensus Dev.	
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WHOLE PERSON INTEGRATED CARE MODEL

The pivot toward achievement of the Triple, and now the Quadruple Aim requires us to re-envision the components and processes of health delivery. Integration of research in neuroscience, social epidemiology, public health & the behavioral sciences create new opportunities to advance Whole Person and Value Based Care. Partners' Whole Person Integrated Care (WPIC) model leverages these advances to create a new model of comprehensive care.

The WPIC model is comprehensive, research and consumer-informed care, characterized by the following:

County-wide adoption of a culture of health that increases awareness about wellness, provides information on what can help make this possible, where help resides (i.e., Medical/Health Homes), and improved access to care

Medical/health homes provide comprehensive and relevant services for their patients/members:

- Robust engagement, support and trusted care facilitation
- Evidence-based health integration services that result in more effective and efficient care
- Comprehensive and collaborative assessment to identify individual strengths, needs, and priorities
 - Services and supports to address physical and behavioral health needs as well as Social Determinants of Health challenges
 - Person-driven comprehensive Health Plan
 - A customized Health Team
- Tools and active supports to promote personal investment in health improvements

Strategies and approaches implemented through WPIC to achieve this model include:

Application of public health population approaches to promote awareness and education in communities
New pathways to access care (outreach, Peers, community partners, open scheduling)

Added support and resources for Medical/Health homes:

- Peers are front and center as trusted care partners
- Adoption/adaptation of the U. Washington AIMS Center's Collaborative Care model
- In-house physical, behavioral, and social support providers for immediate access in one location
- The Wellness Discussion Guide and process, designed to promote health assets and reduce health risks for persons with chronic and/or complex needs:
 - Identifies strengths and needs
 - Results in a person-designed and owned Health Plan and a customized Health Team
 - Promotes access to the county's Time Bank, a community owned and operated virtual bank to directly address Social Determinants of Health for all
- Health Information Technology, trusted Peer connections and support



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A 3-tiered infrastructure is necessary to systematically advance and sustain WPIC implementation at the practice, program, and population levels

- **Tier 1** is comprised of a county's physical health care practices and the activities that assist them to:
 - Implement evidence-based practice models and public health strategies to achieve improved member outcomes, reduce unnecessary costs
 - Promote patient and practitioner satisfaction
- **Tier 2** is a community health forum that:
 - Promotes robust partnerships among Tier 1 partners and the human services community
 - Advances shared learning and mutual support, especially as related to the WPIC model and research informing it
 - Provides results-based collaboration to learn from and act upon data emerging from the WPIC Evaluation re: services, programs, policies
- **Tier 3** strategically connects the initiative to the broader community (County) for successful implementation, i.e., a Community Health Network, in which all services and supports are viewed through the lens of health and wellness, and the community is enriched by its Time Bank

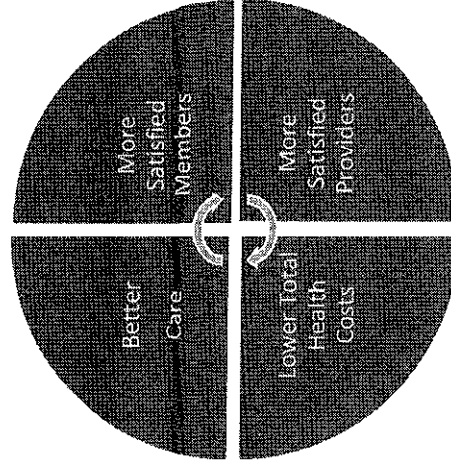
Evaluation Framework

The WPIC evaluation design for implementation will

- Help ensure fidelity to the WPIC framework from the beginning
- Improve program design and implementation on an ongoing basis
- Assess activities of implementation to ensure they are as effective as possible
- Help identify areas of success (in meeting goals/outcomes) and areas needing improvement in order to meet goals/outcomes in a timely fashion so that successes can be supported and replicated, and challenges quickly addressed

Projected Outcomes

- Lowers costs, improved care, clinical outcomes and patient/consumer satisfaction, lower rates of ED visits, increased use of preventative care, higher rates of treatment initiation and completion
- Increased patient/member and practitioner satisfaction, improved quality of life
- Decreased social isolation, improved community participation, reductions in Social Determinants of Health barriers to wellness
- An enhanced delivery system capable of addressing key factors influencing health and defining health outcomes



The Quadruple Aim



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«Letter Date»

«First Name» «Last Name»
c/o «Guardian Full Name»

MID #: «NC Medicaid Member ID»

«Guardian Address 1»

«Guardian Address 2»

«Guardian City», «Guardian State» «Guardian Zip»

Re: «First Name»'s assigned Individual Budget Category, Level, and Base Budget

Dear «First Name» and/or Guardian:

We are writing to you about the above named member's budget for participation in the NC Innovations Waiver managed by Partners Behavioral Health Management. The State of North Carolina requires people who participate in the Innovations Waiver to have an individual budget. These budgets are a tool to help guide and inform the planning process, not a limit on the amount of services you may request or receive. The budget is based on the amount of services that would usually meet the needs of people with similar support needs. Your support needs are measured, in part, by the Supports Intensity Scale® (SIS®), but are also based on age, graduation status and living arrangements.

On «SIS Assess Date», «First Name» received a Supports Intensity Scale® ("SIS®") assessment. Based on «First Name»'s current support needs found during that assessment, as well as considering «First Name»'s «adult child» status and «Residential Status» living arrangement, «First Name»'s category, level, and base budget that match «First Name»'s current support needs are as follows:

Individual Budget Category, Level, and Base Budget:

- Year 1, effective «ISP_YR1_Date» «IBI_Locator», with an annual Base Budget amount of \$«Phase_In_Amount_Year_1»
- Year 2, effective «ISP_YR2_Date» «IBI_Locator», with an annual Base Budget amount of \$«Phase_In_Amount_Year_2»
- Year 3, effective «ISP_YR3_Date» «IBI_Locator», with an annual Base Budget amount of \$«Phase_In_Amount_Year_3»

Corporate Office
901 South New Hope Rd.
Gastonia, NC 28054

Elkin Region Office
200 Elkin Business Park Dr.
Elkin, NC 28621

Hickory Region Office
1985 Tate Blvd. SE, Suite 529
Hickory, NC 28602

Please keep in mind that this budget does not include any costs associated with Residential Supports, Supported Living or non-base budget services. It only covers Community Living and Supports, Community Networking, Day Supports, Respite and Supported Employment. The member's need for residential and non-base budget services will be evaluated separately from this base budget amount.

The Base Budget and information related to the category and level are guidelines to be used when you are planning for your next plan year. The Base Budget is not a limit on the amount of services you can request or receive. When you are developing your Individual Support Plan, you should discuss with your Care Coordinator the services that are available and that you believe will meet **«First Name»**'s needs. If you believe that **«First Name»**'s needs cannot be met within **«Phase In Amount Year 1»**, you should request those services that you believe will meet **«First Name»**'s needs. We will review the request, and if we find that the services requested are needed to meet **«First Name»**'s support needs, we will approve those services. If any of the requested services are denied, we will provide written notice, along with information about how to appeal the decision.

If you disagree with your category, level, or Base Budget, you may file a grievance with us. Please direct the grievance to:

Partners Behavioral Health Management
Attn: Grievances
901 South New Hope Road
Gastonia NC 28054
1-877-864-1454 option #3

You may file a grievance by phone, in person or in writing. For further information on the grievance process, please contact us at 1-877-864-1454 option #3.

If you are new to the Innovations Waiver, please note this budget and implementation of your ISP will not go into effect until your county Department of Social Services has confirmed the member's Medicaid eligibility for the Innovations Waiver. You should also be aware that continued participation in the Innovations Waiver is dependent on continued Medicaid eligibility. If the member loses Medicaid eligibility for any reason, participation in the Innovations Waiver could be impacted.

Sincerely,

IDD Care Coordination
Partners Behavioral Health Management

***Si necesita ayuda con este forma, por favor llámenos al 1-877-864-1454 opción #3.
Diga el operador que necesita ayuda con Formulario "Budget Letter."***

3 KEY FACTORS & 21 PERSONAL OUTCOME MEASURES ®

My Self | *Who I am as a result of my unique heredity, life experiences and decisions.*

- People are connected to natural support networks
- People have intimate relationships
- People are safe
- People have the best possible health
- People exercise rights
- People are treated fairly
- People are free from abuse and neglect
- People experience continuity and security
- People decide when to share personal information

My World | *Where I work, live, socialize, belong or connect.*

- People choose where and with whom they live
- People choose where they work
- People use their environments
- People live in integrated environments

	<ul style="list-style-type: none">• People interact with other members of the community• People perform different social roles• People choose services
<p>My Dreams <i>How I want my life (self and world) to be.</i></p>	<ul style="list-style-type: none">• People choose personal goals• People realize personal goals• People participate in the life of the community• People have friends• People are respected