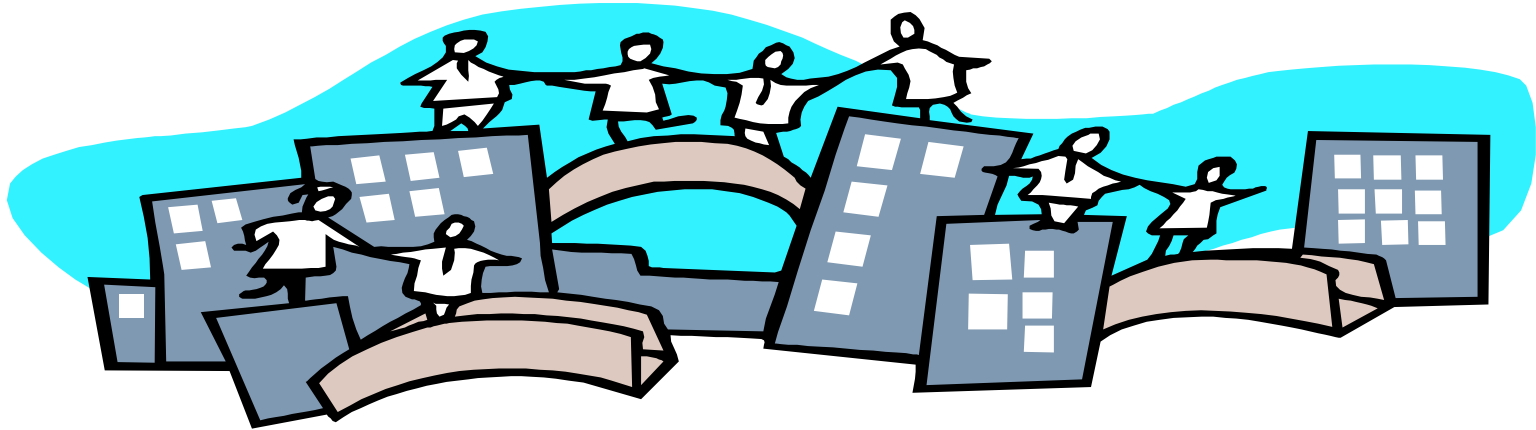


What is PBH?

PBH is the 3rd largest public authority in North Carolina (by population-657,107) and the largest multi-county program.



The Goal of the Pbh Sub State Waiver Demonstration Project



Is to demonstrate local/regional public management and coordination of a system of care that ensures efficient use of resources and optimal outcomes for the people who will be served.



The Piedmont Cardinal Health Plan...1915 (b) (c)



The Piedmont Cardinal Health Plan is a concurrent system of two waivers,

- ❖ 1915 (b) Managed Care waiver
- ❖ 1915 (c) Home and Community Based Waiver.

Both waivers are developed and approved to follow their own federal requirements, this includes Quality Initiatives.



Pbh Waivers offer



Cardinal Health Plan

- Medicaid Managed Care Waiver for Mental Health and Substance Abuse
- Allows for a waiver of “freedom of choice” of providers. This allows PBH to determine the size and scope of the provider network to better meet the needs of individuals in our community.

Innovations

- Independence Plus, renewed 4-1 2008
- Supporting 585 people with growth each year
- Offers two models of Self Direction, both Employer of Record and Agency with Choice



Innovations Keepers of Quality



**Interdepartmental Monitoring
Team**

**PBH Quality Management-CQI
Clinical Advisory
Client Rights Committee
Consumer Family Advisory**

Support Coordinator

**PBH Network Providers
Employer of Record
Managing Employer**



Innovations Quality Before Renewal

- Incident Management
- Performance Indicators
- Critical Incidents
- Length of Time LOC
- Length of Time ISP approval
- Length of Time Services Implementation
- Movement from institutions
- Satisfaction-participant and provider
- Risk Assessment
- Back up staffing systems for Self Direction
- State Medicaid Agency did record reviews and oversight
- Case manager oversight of plan and services



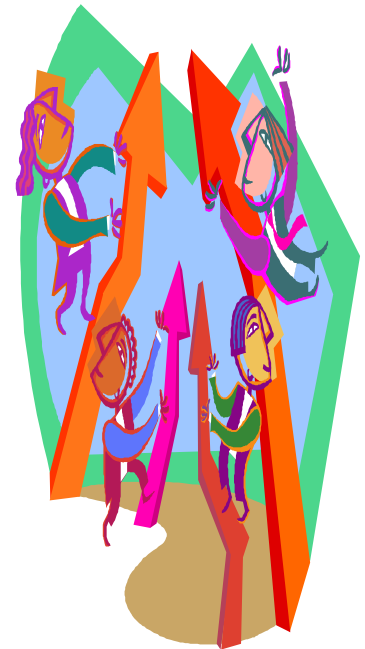
We were capable of more.....



Opportunity.....

Waiver Renewal and the new template provided the opportunity to use skills learned from Managed Care

**Data...Data...Data...
Oversight , reviews and remediation
Analysis and Reporting
Performance Improvement Projects**



With all the partners and some extra help.....

We developed:

- o **Performance Indicators**
- o **Improved systems to monitor health and safety**
- o **Developed a New Risk Assessment**
- o **Reporting of grievance and appeals**
- o **specific to C waiver participants**

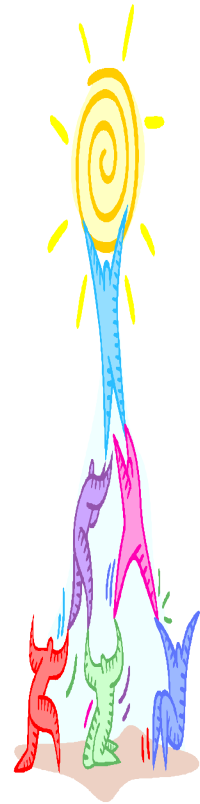




Performance Indicators

A core set of Indicators were developed to support the waiver:

- State Medicaid Agency Oversight- (6)**
- Level of Care- (2)**
- Provider Quality- (3)**
- Individual Support Planning- (6)**
- Choice- (3)**
- Health and Safety Monitoring- (2)**
- Financial- (1)**





Indicators beyond the template

Individual Budgeting

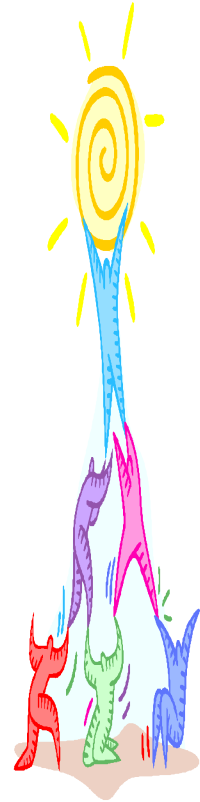
- % of Services utilized in proportion to the individual budget

Financial Management

- Employers receive accurate, timely monthly expenditure reports
- Employer of Record payrolls are accurate

Community Guide

- % of waiver participants who report that the Community Guide links them to at least one community resource





Improving Health and Safety

- Additional incident reporting system to track issues related to failure of back up staffing
- Implemented “First Responder” crisis management
- New Risk Assessment





Data and Reporting



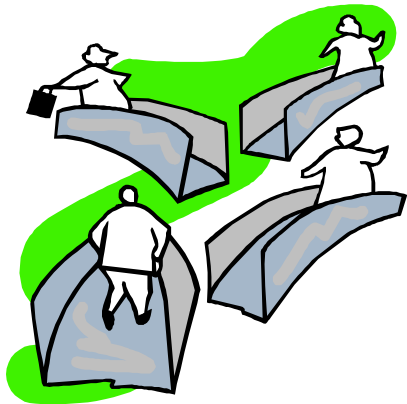
- Ensuring the data is measurable, accurate and available for analysis
- Developing robust reports for our Performance Indicators and other Quality Indicators that are used to inform system improvement
- Reports are accessible to all persons involved in quality improvement
- Linking our Risk assessment data to meaningful reporting
- A clarified report that will allow reporting of grievance and appeals for c waiver participants



Quality in Individual Family Direction

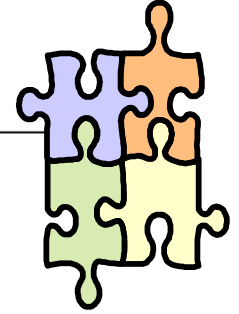
Implementing a set of system “red flag” indicators within all operational systems to detect if problems occur

Joint audits by Quality Management and Finance of the Financial Supports Agency to ensure quality operations

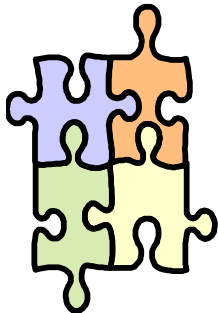


Satisfaction surveys at the Financial Supports, Community Guide and Agency with Choice level

Implementation that leads us to success



- **Set up data collection**
- **Reporting development**
- **Develop systems that help the Support Coordinator monitor health and safety**
 - Monitoring (service and health and safety) that leads to data
 - Access to Incident data to monitor health and safety
 - The use of Risk data to actively mitigate risk
- **Use of robust Quality reporting to manage the system**





Oversight to guide Quality

Quarterly Quality Meetings / State Medicaid Agency trending, analyzing, and setting benchmarks for all services delivered through Pbh and implementation of Performance Indicators.

Intradepartmental Monitoring Team (IMT) and External Reviews

- quarterly and annual on-site reviews of Pbh
- Trend/track performance reporting and findings from oversight activities.
- Will identify any provider-specific and process-specific issues and implement corrective actions that will lead to overall quality improvement.



To learn more about the
Piedmont Cardinal Health Plan
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