



Clinical Advisory Committee Meeting Minutes

Transforming Lives. Building Community Well-Being.

Date: June 02, 2023

Meeting Called By	Dr. Michael Smith, Chief Medical Officer				
Type of Meeting	Face-to-Face w/WebEx Availability 1:00pm – 3:00pm				
ATTENDEES					
NAME	Present	NAME	Present	NAME	Present
Dr. Michael Smith Chief Medical Officer Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>	Dr. Paul Garcia Staff Physician Trillium Health Resources Non-Voting Member	<input type="checkbox"/>	Dr. Kimberly Greer Staff Psychologist Trillium Health Resources Non-Voting Member	<input type="checkbox"/>
Dr. Arthur Flores Deputy Chief Medical Officer Trillium Health Resources Non-Voting Member	<input type="checkbox"/>	Khristine Brewington VP of Network Management Trillium Health Resources Non-Voting Member	<input type="checkbox"/>	LaDonna Battle Care Mgmt. Population Health Officer Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>
Jason Swartz Pharmacist Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>	Benita Hathaway VP Population Health & Care Management Trillium Health Resources Non-Voting Member	<input type="checkbox"/>	Julie Kokocha Director – Network Accountability Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>
Amanda Morgan QM Coordinator Trillium Health Resources Non-Voting Member	<input checked="" type="checkbox"/>	Trudy Paramore Admin Asst – Medical Affairs Trillium Health Resources Non-Voting Member	<input type="checkbox"/>	Cham Trowell UM & Transition of Care Coordinator Trillium Health Resources Non-Voting Member	<input type="checkbox"/>
Hillary Faulk-Vaughan Chair PAMH Clinical Director Voting Member	<input checked="" type="checkbox"/>	Glenn Buck Vice Chair PORT Human Svs Clinical Dir. Voting Member	<input type="checkbox"/>	Dr. Robby Adams – Vice Chair Medical Director – Various Providers Voting Member	<input checked="" type="checkbox"/>
Dr. Diane Antonacci Psychiatrist Non-Voting Member	<input type="checkbox"/>	Dr. Terri Duncan Dir. of Bladen County Dept. of Health & Human Services Voting Member	<input type="checkbox"/>	Sharlena Thomas RHA State Clinical Director Voting Member	<input type="checkbox"/>
Griffin Sutton Tidal Neuropsychology, PLLC Director Voting Member	<input checked="" type="checkbox"/>	Natasha Holley Integrated Family Services Clinical Director Voting Member	<input type="checkbox"/>	Gary Bass Pride in NC Executive Officer Voting Member	<input checked="" type="checkbox"/>
Ryan Estes Chief Operating Officer – Coastal Horizons Voting Member	<input checked="" type="checkbox"/>	Dr. Ian Bryan ENC Pediatrics Voting Member	<input checked="" type="checkbox"/>	Dr. Ritesh Patel PORT Health Voting Member	<input checked="" type="checkbox"/>
Dr. Hany Kaoud Pride of NC Alternate for Gary Bass	<input checked="" type="checkbox"/>	Dr. Michael Lang ECU Health Brody School of Medicine Voting Member	<input type="checkbox"/>	Holly Cunningham Director of Contracting & Value Based Purchasing Trillium Health Resources Non-voting Member Presenter	<input checked="" type="checkbox"/>



Dr. Meg Sanders Provider Data Management Mgr. Trillium Health Resources Non-voting Member Presenter	<input checked="" type="checkbox"/>				
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AGENDA

1. Agenda topic: Welcome/Call to Order

Presenter(s): Dr. Michael Smith

Discussion	<ul style="list-style-type: none"> The meeting was called to order by Dr. Smith 				
Conclusions	<ul style="list-style-type: none"> A quorum was present for today's meeting. There were no questions or concerns identified for follow-up or items recommended for corrective action. 				
Action Items	<table border="1" style="width: 100%;"> <thead> <tr> <th style="background-color: #d9ead3;">Person(s) Responsible</th> <th style="background-color: #d9ead3;">Deadline</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> There were no action items identified for follow-up </td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	<ul style="list-style-type: none"> There were no action items identified for follow-up 	
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<ul style="list-style-type: none"> There were no action items identified for follow-up 					

2. Agenda topic: Review and Approval of Previous Month's Meeting Minutes and Agenda

Presenter(s): Hillary Faulk-Vaughan

Discussion	<ul style="list-style-type: none"> Hillary extended a warm welcome to all members and introductions were made by each attendee. April 21, 2023, Meeting Minutes were approved as written with a motion by Robby and a second by Gary with all members in favor. There were no changes to the agenda. 				
Conclusions	<ul style="list-style-type: none"> Susan will post the April 21, 2023, Meeting Minutes to SharePoint (SP) and forward to Communications to post on Trillium's website. There were no other questions or concerns identified for follow-up or items recommended for corrective action. 				
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Person(s) Responsible	Deadline				
<ul style="list-style-type: none"> Post April 21, 2023 Meeting Minutes to SP & send to Communications to post on Trillium's Website 	Susan ASAP				

3. Agenda topic: Follow-up Items from Previous Meeting

Presenter(s): Dr. Michael Smith

Discussion	<ul style="list-style-type: none"> Susan – Post February 2023, minutes to SP and send to Communications to post on Trillium's website – Completed. Sharlena – Email Apr agenda discussion topics to Dr. Smith/Dr. Garcia – Open. – forward discussion topics to Dr. Smith/Dr. Garcia for June mtg. Dr. Garcia – Add discussion topics from Sharlena to June agenda – Open. Dr. Smith – CAC Meeting WebEx or Face-to-Face Discussion – Completed. Our face-to-face meeting was held in Apr. The committee will continue meetings by WebEx and at any time the group would like to meet face-to-face we will arrange an in-person meeting. Dr. smith stated the Apr face-to-face meeting went well. Dr. Smith – Public Comment – NCDHHS Strategic Housing Plan (Due 5/24/23) – Completed – Emailed to CAC 5/12/2023. Dr. Smith – Public Comment – 8N-IDD Targeted Case Management - Completed – Emailed to CAC 5/12/2023. Dr. Smith – Public Comment – 1K-7-PA Imaging Services - Completed – Emailed to CAC 5/12/2023. Public Comment – 8H-3 Individual and Targeted Case Management - Completed - Emailed to CAC 5/19/2023. Dr. Smith – Public Comment – 8H-4 Respite - Completed – Emailed to CAC 5/19/2023.
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Conclusions	<ul style="list-style-type: none"> All open follow-up items will be carried over to the next meeting until completion. All members agreed to continue to meet via WebEx. Public Comment 8H-4 Respite - Dr. Bryan inquired why respite care givers are not paid while sleeping. He stated we pay docs on call while they sleep for the availability. Dr. Smith responded that he may have to research this but believes that Respite is not considered a 24-hour awake staffing model. Gary shared that the people that make those decisions are unfortunately not here with us and are at a different level of government. Gary's best guess is that Respite has a daily rate and being present and awake (handling behaviors, crises, etc.,) is factored into the daily rate. There were no other 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"> Email discussion topics to Dr. Smith/Dr. Garcia for June meeting Add Sharlena's discussion topics to June agenda F/u on why Respite staff are not paid for sleep time 	Sharlena	ASAP	
	Dr. Garcia Dr. Smith	ASAP Aug Mtg.	

4. Agenda topic: Review of QIA Grid

Presenter(s): **Amanda Morgan**

Discussion	<ul style="list-style-type: none"> TCL QIA - Amanda <ol style="list-style-type: none"> Measurement #51 (Apr 2023) is new and was presented to QIC for review. The threshold of 98% (or higher) was <i>not met</i> for Apr 2023; however, the rate did increase since last month. Utilization of ED QIA - Amanda <ol style="list-style-type: none"> No new data is available for review due to claims lag. QM recommended a small workgroup convene to further discuss this QIA and our action plan as we move towards TP implementation, as this QIA will not transition to a PIP. QIC supported the formation of the workgroup. The workgroup did convene and will be making a recommendation at the next QIC meeting to close this QIA. This has been open since 2019 and even though we are recommending closure of this QIA related to ED visits the specified goals for this QIA will be monitored by other departments/groups in several different ways within Trillium. Mental Health 1-7 Day Follow-up QIA - Amanda <ol style="list-style-type: none"> Measurement #20 (Jan-Mar 2023) is new for both DHB and DMH measures (local data only). Once the interventions start for the FUH and DMH MH PIPs this QIA will be closed. Substance Use 1-7 Day Follow-up QIA - Amanda <ol style="list-style-type: none"> Measurement #20 (Jan-Mar 2023) is new for both DHB and DMH measures (local data only). Once interventions start for the DMH SU PIP, this QIA will be closed. Additional Discussion – All Members <p>Amanda stated that once the PIPs are developed and interventions are determined an in-depth presentation will be shared with CAC. Hillary shared her agency has had really challenging discharges from a hospital in Eastern North Carolina and she ended up speaking with the COO about those challenges. One of which was not knowing our member was there. We were informed by the ED that the member went to one place, but actually went to a different place altogether. She requested that the</p>
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	<p>hospital reach out to Trillium if their members were admitted to the hospital so they could complete discharge planning if they had an existing provider. The response from the COO was that they send a census daily to all the MCOs of folks that are in the hospital there. Hillary inquired if Trillium receives this census and if it is received from all hospitals or a selected few. She also asked what Trillium does with this data. LaDonna shared that in fact she attended a meeting regarding this today. She shared Trillium has an ED and Discharge Planning Team on the Care Coordination side lead by Lauren Swain. The team receives a daily census of the hospitals (20 facilities) within our catchment area. This ADT information comes electronically and not only comes to us but those that are in TCM it goes to our TCM providers as well. In addition, Lauren's Team will call the hospitals daily to find out about those that are not covered in the ADT feed just to confirm if there is a Trillium member that has been admitted in the last 24 hours. Once this step is completed coordination for the member begins. Ryan shared that his agency receives ADT feeds and not just one but several (PHP members, TCM members, uninsured physical health members, but not sure if the uninsured feed includes behavioral health members). NCHIE, where you would hope to get an ADT feed from doesn't want anything to do substance related information so his agency has internally created a redacted system so that we are not client sharing. NCHIE is not prepared to absorb substance use information. Ryan inquired if Trillium could possibly fill in the gaps if they are receiving clean data on all members and share this information with providers. Most providers are struggling with this issue. LaDonna stated the data is only as good as those entering it timely on the front side and therefore that's why we have the call structure for calling and following-up when we anticipate or know that there are members in the hospitals. Sometimes we know members are there and sometimes we are alerted after the members have been gone for a day or two. Trillium is having the same struggles in having technology assistance in real-time or near real-time and not having so much lag time, misinformation, or lack of information. LaDonna stated her team would be more than happy to have a group call to discuss ideas and recommendations to make this a better system for both Trillium and providers. Hillary inquired when Trillium (LaDonna's Team) gets information that a member is in the hospital that they are calling providers to make them aware. LaDonna responded yes for certain providers. The IT System is set up for TCM providers to receive a copy of the ADT feed via their portal every day. There are some members that we know are missing and then we will call and let that provider know. Hillary asked how agencies can get on the list to receive these phone calls. Gary stated it would be ideal if providers of enhanced services could also receive the ADT feed and not just TCM providers. LaDonna and Dr. Smith will discuss this request with the Team and see what our options are and how we can bridge that gap. Gary inquired if this is in the hospitals' contract or is it a separate contract. LaDonna stated the first ADT feed started on Jan 26th and the hospital contracting was in process after that time. LaDonna feels this process was in place irrespective of the hospital contracting work going on. Gary shared he doesn't see the value in limiting the ADT feeds to TCM providers.</p>
Conclusions	<ul style="list-style-type: none"> • Dr. Smith and LaDonna will share the recommendation to share the ADT feeds with all providers with LaDonna's Team

	<ul style="list-style-type: none"> There were no other 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"> Share PIP presentation upon completion of development Discuss recommendation to share ADT feeds with other providers 	Amanda Dr. Smith & LaDonna	TBD Aug Mtg.

5. Agenda topic: Trillium Update and Information

Presenter(s): **Dr. Michael Smith**

<p>Discussion</p>	<ul style="list-style-type: none"> Tailored Plan (TP) Update TP go live date is still scheduled for Oct 1st. The state has added to our readiness weekly reports deliverables on Medicaid Expansion and Healthy Opportunities (HOPs). Trillium has a lot of HOPs participating counties. We have deliverables on those that we discuss with the state every week. It is felt that Medicaid Expansion will benefit the state. It may not add members to the TP, most members will go to Standard Plan (SP). Trillium’s Transition of Care Department handles members moving from SP to TP or TP outs and people moving into our catchment area. They are busier as TP draws closer. Ryan stated with the transition of Medicaid Expansion going live and some members switching there’s that magic 138% of the federal poverty line and if members meet this percentage they will likely be Medicaid eligible. Knowing this in advance will Trillium prepare a list of the uninsured state funded beneficiaries that have received services to share with providers. Just because they are eligible doesn’t mean they will get Medicaid unless they are assisted with enrollment. If providers can get ahead of knowing who these members are it would be beneficial. Several agencies are doing their own identification, but it would be helpful to have this information to share with the entire network to have a coordinated effort. If the fifteen-million-dollar state cut goes through based on the assumption there is a percentage of members that will be moving to Medicaid, the more members we can assist with enrolling then it will allow the state-funded benefits to go further if there are less members encumbering it. Dr. Smith is unsure if there is a barrier in this process and will follow up on Ryan’s recommendation. Dr. Smith shared the LME/MCO TP dashboard that is on the DHHS website and reviewed this information in detail. This dashboard is a comparison of the six LME/MCOs on various clinical metrics. Trillium staff validate this data monthly as the dashboard is received as our data and the state’s data are not always the same. The Medicaid, Children in Inappropriate Crisis Settings (Feb 2023-Apr 2023) percentage decreased to 20% and includes children in EDs with no DSS involvement, children in EDs with DSS involvement and children in DSS offices. Trillium did well on this metric and continues to review/monitor a daily report of every DSS office to address barriers for resolution. Medicaid, Children in PRTFs (Dec 2022-Feb 2023) percentage decreased to 2% and includes children with no DSS involvement, children with DSS involvement, children in state and out of state. While we have children in PRTFs and some are there longer than preferred, we are not doing poorly on this measure. Consumers in State Psych Hospitals Ready for Discharge (Dec 22-Feb 23) percentage decreased to 37% and includes total MCO members in SPH and members ready for discharge. Most Trillium members are at Cherry Hospital with a few at other state hospitals. There are differences of opinion from our team versus the state’s data on this measure, but the
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	<p>numbers are relatively close and can vary depending on when the state pulled the information. Trillium has a Ready for Discharge Team that works face-to-face with Cherry Hospital and to a lesser degree with Central Hospital to get members discharged and appropriately placed in community services. People on Innovations Waitlist Receiving Any Medicaid or State BH/IDD Service (Jan 2023-Mar 2023) percentage is at 2% trending upward and includes in service and out of service members. Trillium has a good number of members receiving services while on the waitlist. Follow-up Within 7 Days After Inpatient Discharge (SFY23 Q1) shows Medicaid at 42% and State-Funded at 22%. This measure is relative to our QIA/PIP information reviewed monthly at the Quality Improvement Committee meeting. Dashboards can be found on DHHS' website under reporting and are public.</p> <ul style="list-style-type: none"> ● Staffing Update Trillium continues to recruit needed positions for TP launch. For key personnel changes, Benita (not present today) is serving as our interim Utilization Management (UM) Director and Cham Trowell continues as the UM Behavioral Health Director. Gary inquired if there are any departments understaffed compared to what they should be. Dr. Smith shared that Care Management is understaffed right now because while we have folks hired the training requirements are lengthy (2 to 3 months) for staff to take over position roles independently. LaDonna shared that we are in the process of building and staffing our specialty programs. For example, we have hired a group of nurses to support physical health with medical records conciliation as their first assignment. This is a resource we are using now before TP officially launches. Julie shared the Accountability Team in Network is fully staffed at present. Holly shared they are recruiting a manager for the Practice Management Value Based Purchasing Team. They are also building and recruiting a Provider Data Management Team to include a manager, coordinator and three support specialists that will be transitioning from another department. 				
Conclusions	<ul style="list-style-type: none"> ● Dr. Smith will follow up on Ryan's request of sharing the ADT feed of uninsured state-funded beneficiaries who may be Medicaid eligible with providers to allow them to assist with enrollment. ● There were no other questions or concerns identified for follow-up or items recommended for corrective action. 				
Action Items					
<ul style="list-style-type: none"> ● F/u on Trillium sharing ADT list of uninsured state-funded beneficiaries who may be Medicaid eligible (with Medicaid Expansion) to assist those members with Medicaid enrollment 	<table border="1"> <thead> <tr> <th data-bbox="1011 1409 1312 1444">Person(s) Responsible</th> <th data-bbox="1312 1409 1461 1444">Deadline</th> </tr> </thead> <tbody> <tr> <td data-bbox="1011 1444 1312 1545">Dr. Smith</td> <td data-bbox="1312 1444 1461 1545">TBD</td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	Dr. Smith	TBD
Person(s) Responsible	Deadline				
Dr. Smith	TBD				

6. Agenda topic: CAC Business

Presenter(s): Dr. Michael Smith, Dr. Meg Sanders, Holly Cunningham

Discussion	<ul style="list-style-type: none"> ● Annual Review of CAC Bylaws – Dr. Smith Dr. Smith presented the Clinical Advisory Committee Bylaws for review and discussion. The bylaws are reviewed and voted on annually in August. by this committee. As part of the review Dr. Smith and Hillary discussed the Vice-Chair vacancy and nominated Dr. Robby Adams for consideration. Other nominations were requested and no additional nominations recommended. Ryan made a motion to accept Dr. Adams as the Vice-Chair for this committee with a second by Gary and all members
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were in favor of the motion. Recommended changes to the bylaws were as follows:

- Add Drug Utilization Review/Pharmacy & Therapeutics Subcommittee to Article VII on Page 9
- Add Associate Medical Director as representative to Article III Section 3 on Page 6

There were no other recommended changes to the bylaws.

- **CAC HEDIS Measure Survey – Dr. Smith for Dr. Greer**

Dr. Smith thanked everyone that responded to the HEDIS Measure Survey that was sent to the group. This survey was an attempt to gauge provider knowledge of HEDIS Measures in general. There were seven responses received. Each question is listed below with the highest response received:

- Q1 How familiar are you with HEDIS measures in general? – Very Familiar followed by Extremely Familiar
- Q2 How familiar are you with the HEDIS measure, Follow-up Care for Children Prescribed ADHD Medicine (ADD) Initiation? – Moderately Familiar, Very Familiar & Extremely Familiar all rated the same and were the top three responses.
- Q3 How familiar are you with the HEDIS measure, Follow-up Care for Children Prescribed ADHD Medication (ADD) Continuation & Maintenance (C&M)? - Moderately Familiar, Very Familiar & Extremely Familiar all rated the same and were the top three responses.
- Q4 How familiar are you with the HEDIS measure, Adherence to Antipsychotics for Adults with Schizophrenia (SAA)? Very Familiar was the top answer followed by Extremely Familiar.
- Q5 How familiar are you with the HEDIS measure, Diabetes Screening for Adults with Schizophrenia/Bipolar (SSD)? Very Familiar was the top response followed by Moderately Familiar and Not at All Familiar.
- Q6 What sector do you represent? Provider Agency and LME/MCO Staff were the top responses followed by Physical Health Provider.

Gary inquired if this survey could be sent to the Provider Council for feedback as well. He also stated this is a good tool for providers to use internally to assess how knowledgeable staff are about HEDIS Measures. Susan will share the HEDIS Survey questions with Gary. Dr. Smith said that our vendor has developed some short trainings that Gary may be interested in utilizing for internal staff as well.

- **Evidenced Based Assessment VBP – Dr. Sanders & Holly**

Practice Management is developing an Evidenced Based Valued Based Purchasing Program and Dr. Sanders shared a PowerPoint presentation with the aim of incentivizing the use of evidenced based assessments recommended by Trillium. She reviewed the list of Mental Health Screening Tools recommended by Trillium and the six Substance Use Screening Tools recommended by Trillium. She requested feedback from the committee on if providers use these assessments and if so, how often. This is in an effort to gauge how often the assessments are utilized to drive provider Person Centered Plans or treatment goals. Dr. Sanders also shared three options for Practice Management to gather this information from providers (SmartSheet, Survey or Email Inquiry) and inquired if there was a preference. Dr. Adams stated since the pandemic he has gotten out of the routine of utilizing these, but as more folks are returning to the office he will be able to start utilizing them again. Ryan utilizes the PHQ9, GAD7 and CRAFT frequently. Gary stated his agency utilizes a platform

	<p>called Blueprint that has these assessment tools built into it. His agency uses a large majority of the Trillium recommended assessment tools. Gary shared the best way to gather this information from his agency would be to send a survey to their Clinical Director and QI Coordinator who would have most of the needed data for response. Hillary agreed with Gary on requesting this information via a survey preferably with check boxes over writing a narrative response. Dr. Patel agreed with sending a survey with check boxes and suggested sending the survey to Glenn Buck for his agency. Griffin stated it would be helpful for the survey to poll what providers are using the different tools for (what assessments are being used and why are they being used). Ryan asked if there is a CTP code that Trillium has opened up to support providers to do more of these assessments. This exists on the physical health side (96127 code) and providers are paid. Ryan shared he's not sure if this is a Trillium issue where this needs to be added to the benefit plan or whether it is a state issue where they need to make it available for Trillium to draw down. Holly responded that there is not a CPT code at this time, but she will follow-up on reviewing the physical side and possibly mirroring that code for the Behavioral Health side. Dr. Bryan reported using the PHQ9 and GAD7 at annual visits for adolescents and follow-up visits. He also uses the CAGE/AUDIT if teens admit to using substances. He follows the AAP Periodicity Schedule and agrees to a click the box survey. Hillary shared that providers are so overwhelmed with reporting requests from every single direction that if we don't have administrative staff on each team to collect data there is no way we can give honest and accurate data. If we continue to have to complete constant detailed reports without enough support to be able to do that on our end it will be a moot point of giving us money for this because we will have to pay staff to tell you about it. Holly shared she agrees, and her team is looking at making reporting more automated. Dr. Smith stated if there are screening tools utilized that are not on our website to please email them in for consideration. Trillium posts open-source screening tools.</p>								
<p>Conclusions</p>	<ul style="list-style-type: none"> ● Dr. Robby Adams accepted the seat of Vice-Chair for this committee. ● The bylaws will be updated accordingly and emailed to the committee for electronic vote. ● Holly will review the Physical Health CTP codes to possibly mirror the Behavioral Health side. ● Dr. Sanders & Holly will share all feedback with her team and the check box survey preference. ● Suan will email the list of HEDIS Survey questions to Gary to implement an internal survey at this agency. ● There were no other questions or concerns identified for follow-up or items recommended for corrective action. 								
<p>Action Items</p>									
<ul style="list-style-type: none"> ● Update the CAC Bylaws with recommended changes & email for official electronic vote ● Review Physical Health CTP code #96127 and follow-up on possibly mirroring a CTP code on the Behavioral Health Side ● Email Gary HEDIS Measure Survey questions 	<table border="1"> <thead> <tr> <th data-bbox="1000 1648 1312 1659">Person(s) Responsible</th> <th data-bbox="1312 1648 1469 1659">Deadline</th> </tr> </thead> <tbody> <tr> <td data-bbox="1000 1659 1312 1711">Dr. Smith/Susan</td> <td data-bbox="1312 1659 1469 1711">ASAP</td> </tr> <tr> <td data-bbox="1000 1711 1312 1806">Holly</td> <td data-bbox="1312 1711 1469 1806">TBD</td> </tr> <tr> <td data-bbox="1000 1806 1312 1854">Susan</td> <td data-bbox="1312 1806 1469 1854">ASAP</td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	Dr. Smith/Susan	ASAP	Holly	TBD	Susan	ASAP
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Dr. Smith/Susan	ASAP								
Holly	TBD								
Susan	ASAP								

7. Agenda topic: Performance Improvement Projects (PIPs)
Presenter(s): Jason Swartz

Discussion	<ul style="list-style-type: none"> ● Proposed Psychosocial Care Prior to Antipsychotics Implementation This discussion is around the PIPs that the state assigned Trillium. Jason reported his proposed PIP is around children on antipsychotics and the HEDIS Measure that ensures that they receive psychosocial care prior to or at the time of being dispensed an antipsychotic. We are at a point where we think we have determined how we are going to implement this PIP and try to improve our HEDIS Measure from 52% to 57% over the next year. This will be presented to the state on June 14th for approval and feedback. We will be utilizing Care Management for this PIP because they actually touch the members, and we think we have a plan to ensure that this is done in Care Management without putting a lot of burden on that department. Dr. Garcia's PIP is to ensure that children who are on antipsychotics are getting the lab work around cholesterol and diabetes. The side effects of antipsychotics can cause problems in these areas. The plan is to implement a Care Management angle for this PIP as well. Dr. Patel shared the organization (CPESN – acts as a network of clinically integrated pharmacies) he is involved with fills a lot of these prescriptions. A detailed price list is being developed to present to Alliance and includes injectables for patients all the way down to Care Management. Dr. Patel offered to introduce Trillium to a representative from CPESN that can go more in-depth on their mechanism for tracking these members and sending data back to agencies. Jason and Dr. Patel will discuss this further in an off-line meeting. 		
Conclusions	<ul style="list-style-type: none"> ● Dr. Patel will contact Jason next week for further discussion on CPESN's data tracking for members receiving psychotics through their pharmacy network. ● There were no other 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"> ● Schedule time with Jason to discuss CPESN's data tracking 	Dr. Patel	ASAP	

8. Agenda topic: Open Agenda

Presenter(s): All Members

Discussion	<ul style="list-style-type: none"> ● When Medicaid Direct moved to the MCOs on April 4th the population of undocumented individuals was included. Ryan shared his agency has staff working with the Hispanic population and in the past have not always collected social security information which has never been an issue. He was informed that being undocumented precludes them from enrollment in state-funding. There is also language around what services are available for residents and non-residents and there seems to be a shift and inconsistency around these services. Ryan asked for guidance or information for his Clinical Latino Team on these services. Dr. Smith will follow up on Ryan's request. Hillary shared they had a referral for ACTT services on an undocumented individual and were trying to determine if we could bill state-funds for this individual. Margaret Herring at the state said that from their standpoint they do not believe that services should be denied based on documented status and state funds should be able to be used. 		
Conclusions	<ul style="list-style-type: none"> ● Dr. Smith will follow-up with information on services for Medicaid Direct undocumented individuals. ● There were no other 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 on services available for undocumented individuals through Medicaid Direct 	Dr. Smith	TBD

Meeting Adjourned

Next Meeting Date: August 4, 2023, this meeting will be virtual from 1pm-2:30pm

Supporting Document/Attachment for Minutes:

CAC Minutes – Apr 2023

CAC Agenda – Jun 2023

Public Comment Period – NCDHHS -Strategic Housing Plan (Due 5/24/23) – Emailed to CAC 5/12/2023.

Public Comment Period – 8N-IDD Targeted Case Management – Emailed to CAC 5/12/2023.

Public Comment Period – 1K-7-PA Imaging Services – Emailed to CAC 5/12/2023.

Public Comment Period – 8H-3 Individual and Transitional Support – Emailed to CAC 5/19/2023.

Public Comment Period – 8H-4 Respite – Emailed to CAC 5/19/2023.

QIA Grid & Graphs – May 2023

CAC Bylaws – Revised August 2022

CAC HEDIS Survey Questions – Jun 2023

CAC HEDIS Survey Responses – Jun 2023