

PROVIDER FORUM

Alamance-Caswell Area MH/DD/SA Authority

319-A North Graham-Hopedale Road Burlington, NC 27217 (336) 513-4200

February 16, 2006

The Alamance-Caswell Provider Forum met Thursday, February 16, 2006 at 1:00 p.m. at the Cooperative

Extension Center, 525 NC Hwy 65, Reidsville, North Carolina.

Providers;

Rockingham Opportunities Corp, Health Force, Therapeutic Alternatives, Challenges, Caring Family Network, ARCA,

Rockingham Co. MH, Life Turn Group Home, Tri-Care, Central Care, Rockingham Co. Schools, Mental Health

Association, Abundant Living, Institute for Family Centered Services, Central State, Lindley Habilitation, REMMSCO,

and Youth Haven.

Staff Present: Karen Webb, Linda Jones, Julie Foster, Jean Gibson, Marilyn Meeker, Alicia Graham, David

Sykes and Carmen Morrow.

Welcome Karen Webb welcomed all providers. Introductions were made of LME staff.

“News About Your Services”

Ms. Webb discussed “News About Your Services” flyer that was created by Alamance-Caswell Provider Council. The flyer can be used as a conversation starter for consumers about New Service Definitions. There are copies available to use at your locations. If you need more, please contact Karen Webb ext. 4221 or Carmen Morrow ext. 4108.

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Endorsement Updates Ms. Jones announced that the LME is moving forward with the Endorsement Process.

The endorsement application has changed yet again! Ms. Jones reviewed changes that have been made to the original application, encouraging all providers to use the most recent application if they have not already applied. The application is on the Division website – Communication Bulletin #44 – application is dated 12/9/05. Please do not use the Endorsement Application for LME.

If you are submitting an application for Site/Service, please be sure to include the following items:

1. References from local consumers from your office as well as local clinical and financial references.
2. Copy of your Organizational Chart showing the staffing patterns for services you intend to provide locally. This does not have to be fancy.
3. Certificate of Insurance showing the Alamance-Caswell LME as the certificate holder.
4. Natural Disaster Crisis Plan – providers will need to have in place.

All of these items are included in Section 3 of the Endorsement application. Most of the items on that page are necessary only for Corporate Verification however; the 3 items listed above are needed for site/service endorsement also. She encouraged providers to look on the Division website outlining changes and the most current information. Ms. Jones informed providers she has to complete a weekly report to Raleigh regarding QP information and how many providers are requesting endorsement.

Ms. Jones reviewed the windows of endorsement:

- **Phase I** – window closed November 30th. We will continue to accept applications.
- **Phase II** – window will close February 28th.
- **Phase III** – March 1 – May 31, 2006 – SA, Day Treatment, Methadone Administration and Facility Based Crisis.
- **Phase IV** – June 1 – August 31, 2006 – CAP, Child Residential Treatment

and Detox Services.

Phase IV is a large window. There is a large number of residential & CAP providers. Ms. Jones encouraged providers to go ahead and start on applications for those windows. Checklists are not out for those windows yet. Ms. Jones informed providers of the application process. All applications are reviewed to see if complete. If they are not complete, the LME will send back and ask for plan of correction and dates start over again. Please ask questions on front end before submitting applications – this will help eliminate confusion. Endorsement is just the first part of the process.

Ms. Jones advised providers to pull down checklists from the Division website when available. The LME uses the checklists when completing site visits. She encourages providers to use checklists to write program descriptions. Please compile all information in folder/binder of some sort. Each service needs to be labeled. Job descriptions need to be available for new services.

Ms. Jones stated the initial endorsement is Conditional for 6 months. After the 6-month period, site visits will be conducted again. At this visit, service notes will be required to make sure services are done correctly. Ms. Jones announced Endorsement Database is on Division website (main page on the left column). We did notice some mistakes and contact the Division for edits. If you notice any mistakes please contact Carmen Morrow.

Ms. Jones expressed Endorsement is just the first part of the process. The process will flow as follows:

- Provider Endorsed by the LME
- Provider should apply for DMA provider number
- Each service/site will need to have different numbers for each service.

Ms. Jones discussed the DMA process. Handout was given to providers with specific instructions. (Please see handout) The website is www.dhhs.state.nc.us/dma.

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New Service Definitions Ms. Windham presented information of New Service Definitions. Information presented

will come from the most recent (3) memos from the Division entitled:

Enhanced Services Implementation – January 19, 2006

Enhanced Services Implementation Update #2 – February 2, 2006

Enhanced Services Implementation Update #3 – February 3, 2006

Ms. Windham reminded providers **Service Definitions are effective March 20th**.

Please be sure to download the most current Enhanced Benefit Service Definitions dated January 31, 2006. Ms. Windham informed to providers not all of the old service definitions are going away – There will be a new “Array of Services” coming out that indicates which old service definitions will no longer be valid and which ones will remain.

Division has indicated that additional information will be posted on the website in the following areas:

Training Requirements – some information is already posted – “Train the Trainer” endorsed programs offered through UNC Behavioral Health Resource, DDTI and Southeastern Regional AHEC. The website also has information for Providers on submitting their training curriculum to the Division for approval.

Consumer Choice Requirements

Person Centered Planning Template

Additional Information regarding the Day Treatment exclusion for children in residential treatment.

New Array of Services

Ms. Windham advised providers if they have questions regarding the New Service Definitions to:

Check the Division website – There are five Question & Answer documents:

- Targeted CM and DD
- Diagnostic Assessment
- Child & Adolescent Day Treatment
- MST – Multisystemic Therapy
- Community Support

View the Division Videoconference on the Division website.

General or specific questions regarding interpretation of the new service definitions should be directed to: contactdmh@ncmail.net.

Questions regarding LME processes related to implementation should be directed to the appropriate LME department:

Endorsement – Linda Jones

Authorization – Alicia Graham

Contracts – Jandy Andrews

If you don't know who to direct your questions to within the LME, please contact your assigned provider liaison – Jean Gibson @ jgibson@acmhdds.org.

Ms. Windham reminded providers to pay particular attention to staff requirements for the service they will be providing. Even if you have been conditionally endorsed and enrolled with DMA – you cannot bill for the service until you have the required staff in place.

Questions:

Who will check on child in residential placement once CBS/CM goes away?

DMA/DMH will publish a crosswalk of old services to new services.

If the services a consumer will receive at implementation crosswalks to the services they currently receive and the authorized number of units is unchanged, the clinician may just note the change in service name on the treatment plan and sign and date the plan.

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Cont'd New Service

Definitions

If a consumer is currently receiving more than one service and the new service definitions contain an exclusion that prohibits any of the services they are currently receiving to be delivered concurrently, the clinician may simply note on the treatment plan the service(s) to be removed and note that the removal is due to service exclusions, sign & date the plan.

If a consumer will receive a new service that does not crosswalk from an existing service, a full PCP must be developed. If a consumer accesses a new enhanced benefit after the implementation of the new service definitions, a full PCP will need to be developed within the first 30 days of service.

All consumers currently receiving services, whose treatment plan component is adjusted at implementation in accordance with paragraphs #1 & #2 above, but receive no other new services, will work with a clinician in the month of their next birthday to develop a full PCP.

To ensure that providers currently delivering services do not experience unnecessary cash flow delays, we have agreed that providers currently delivering services under contract to a LME may continue to bill through the LME for services included in the first two phases of endorsement that are delivered on or before May 31, 2006 if their endorsement/enrollment application is in process but they have not received notification of their Medicaid provider number.

Mr. David Sykes discussed Enhanced Services Implementation Update #2 memo regarding Medicaid Eligible Consumers with Developmental Disabilities Receiving CBS. CMS has required the DHHS to eliminate service known as CBS upon implementation of the new Enhanced Benefit services. They also refused to approve the service that was designed to replace CBS. The following transition plan has been developed to help these consumers. There are 5 strategies that have been developed for Medicaid Eligible consumers (please see memo). Case Managers should immediately begin conducting individual reviews with all DD consumers who are Medicaid eligible. They should immediately take action to implement the strategy that is appropriate for each consumer.

DMH and DMA have submitted a technical amendment to the CAP-MR/DD waiver to increase the number of people by (2,000) that can be served by the waiver. DMH will provide LMEs with information on the projected increase in the CAP Virtual Allocation and numbers of additional people to be served by Friday, February 10th. ***In order to address this emergency situation created by the CMS decision, regardless of the plan or process that a LME has developed to prioritize the use of waiver***

funding allocations, the only people that shall be added to the waiver at this time are Medicaid eligible consumers currently receiving CBS.

The process should be as follows:

1. MR2 completed – additional resources have been identified to increase the capacity to process MR2 forms.
2. Psychiatric Evaluation completed – Murdoch will accept psychiatric evaluations for children that have already been completed within 3 years & for adults, if they were completed within 5 years.
3. Turn into Murdoch Center
4. If approved, local approval will need to be done.

The immediate goals up until March 20, 2006 is to assure that consumers will not be faced with a loss of service with the implementation of new Enhanced Services. After this critical emergency time period has passed, case managers should go back & work with the consumer and their family to develop the full Person Centered Plan. Complete PCPs for all consumers added to the waiver through this effort must be completed by July 20, 2006.

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Cont'd New Service

Definitions

Community Support –

For those individuals who have a DD disability but do not meet ICF/MR level of care & who are receiving CBS services primarily for a co-occurring mental illness, SA disorder or behavioral issue, the most appropriate replacement service is Community Support. Case Managers may quickly amend the treatment plan to replace Community Support in accordance with the crosswalk instructions outlined in the January 19th memo.

If PCS services (Personal Care) are needed for those individuals who do not meet ICF/MR & receive CBS – Case Managers should immediately refer consumers to a home care or home health agency for an assessment to determine if PCS will meet some or all of their needs.

State Funded Developmental Therapy –If none of the other options work for consumers and they do not meet any other criteria – Case Managers may authorize state funded Developmental Therapy services. The state funded Developmental Therapy service will follow the same service definition that was submitted to CMS for approval and will be paid at the rates developed for the proposed Medicaid Service. DMH will issue by February 10, 2006 the authorization guidelines to be followed in authorizing this new state service.

If providers have any questions regarding the DD plans – please email Division of MH at contactdmh@ncmail.net.

Questions:

Is there a limit for Developmental Therapies? The limit should follow the guidelines under old service definition. 8 hours per 24-hour period.

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Access/Authorization

Updates

Ms. Alicia Graham thanked all Rockingham providers for getting everything into Access Unit. In January, the phone volume quadrupled and screenings tripled. Access Unit has played "catch up" with authorizations and we are hopeful that all will be caught up by next week. The LME has reallocated some resources to help with the phone flow – Crisis services will come together to give us more licensed clinicians. Ms. Graham advised providers they would be receiving phone calls from Access Unit regarding authorizations – please don't take the call as negative. There have been some problems that need to be addressed – such as:

- How to ask for services/units?
- Treatment plan reflects one service, but OTR states another service.

Treatment plans must reflect the OTR – please make sure they match before

requesting services.

Ms. Graham announced there is four Access staff assigned to handle Rockingham. Please continue to remain patient. Please don't be concerned about New Service Definitions. Ms. Graham noted New Service Definitions memo dated February 14, 2006. The memo outlines authorizations previously given for services that are not part of the new Array of Service will only be honored through March 19th. You may begin requesting services from the new Array of Services NOW. Any requests for these new services will be authorized based on medical necessity and will be effective on March 20th.

Ms. Graham reminded providers if authorizations are needed immediately – please contact the Access Department. The contacts are as follows:

Mary Anne Johnson ext. 4148

Rhonda Long ext. 4147

Lindsey Jeffries ext. 4145

Ms. Graham reminded providers if you are providing case management and you have consumer receiving other services elsewhere, please call the Access Unit instead of the other provider.

Ms. Graham announced STR/UR for this region was awarded to Value Options. The LME will continue to do STR for initial authorizations with the exception of after-hours. After-hours was awarded to the Durham Center and the process will begin in June 2006. At this point, we have not received any direction on how this will transition. We know it will be effective July 2006.

Ms. Graham emphasized to providers to be very specific in your requests. We do have a 5-day standard.

Question:

With recent changes in LME staffing, whom do we submit billing to? Continue to send billing to 4th floor – send to Delilah Guthrie. If you have any questions, please contact Jandy Andrews @ jandrews@acmhdds.org or ext. 4419.

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Provider Council Ms. Linda Jones gave a brief description of the Mission of the Provider Council. The meetings are held on the 1st Friday of every month. There is representation from contract providers of Alamance & Caswell from each disability. The council make up now is approximately 6 provider agencies, LME staff and CFAC representatives with provider representation being the majority of the membership. The Council is cochaired by Gene Rodgers, provider.

Ms. Jones announced the Council is interested in expanding membership to Rockingham. (Please see nomination ballot enclosed in packet). Please make recommendations and turn in ballot. We will take and review the recommendations to make sure disabilities are represented. The meetings are now held in Burlington at the HSC location, but at some point we will schedule meetings in Rockingham.

What we do:

- Collaborate on mutually satisfactory implementation strategies associated with MH reform.
- Review & comment to the LME regarding the Local Business Plan & policies and procedures, as requested.
- Facilitate communications to the Provider Community & assist in planning all Provider Forums.
- Make recommendations on areas of service availability & service array, consumer choice, fair competition, etc. to the LME, including:
 - Identifying gaps in services
 - Assisting in the identification of under-served and non-target populations
 - Identifying Best Practices

“News About Your Services” was a brainchild of the Provider Council. Ms. Karen Webb developed.

Please see attached Provider Council By-Laws – Ms. Jones advised providers to read over.

QA/QI Issues Ms. Marilyn Meeker presented to providers changes and updates from the LME and the State. The changes/updates were as follows:

LME Changes/Updates:

- Providers no longer need to complete the monthly outcomes report. Weekly contacts will be made to request the needed information for Access.
- Providers no longer need to submit Level I Incident Reports.
- Continue to submit all data or requested documents to Joanne Melton at ext. 4109.

State Changes/Updates:

- Changes in the completion of the Incident Reporting Form.
 - Update of the Provider Quarterly Incident Reports Form
- Ms. Meeker advised providers to check email – all changes/updates were sent out today via Provider Relations with all changes & new forms.

Ms. Meeker advised providers to please note QI staff contacts for any questions.

“Spotlight on Providers” Ms. Karen Webb encouraged providers to sign up for “Spotlight on Providers”. The

spotlight is designed to give providers time to spotlight their agency. We encourage providers to bring in brochures and give a 3-4 minute presentation at the Forums. Please sign up and we will contact you to confirm date for providers to present.

Announcement Ms. Windham expressed to providers there are a number of staffing changes occurring at the LME. A letter will be forthcoming from Provider Relations from Ms. Julie Foster.

Jean Gibson will assume provider liaison role for all providers .

Next Meeting Thursday, April 20, 2006 from 1pm – 3pm at the Rockingham Cooperative Center.

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