

# PROVIDER FORUM

Alamance-Caswell Area MH/DD/SA Authority

**March 16, 2006**

The Alamance-Caswell Provider Forum met Thursday, March 16, 2006 at 2:00 p.m. at the Human Services Center, 319 N. Graham Hopedale Road, Burlington, and North Carolina.

**Providers:**

The Keys of the Carolinas, Health Force, Triumph, Easter Seals/UCP, Alcohol & Drug Services, NC Mentor, Bayada Nurses, Psychotherapeutic Services, Mental Health Association, Ralph Scott Lifeservices, The ARC of NC, Advanced Health Resources, Residential Treatment Services, Central States, Life Span, Harvest House, Carolina Habilitation Services, L & J Homes, Inc., CNC Access, Therapeutic Alternatives, Institute for Family Centered Services, and Central Care.

**Staff Present:** Connie Windham, Linda Jones, Daniel Hahn, Jean Gibson, Amy Stevens, Jandy Andrews, and Alicia

Graham, Bonnie Hill and Carmen Morrow.

AGENDA	DISCUSSION/RECOMMENDATIONS
<b>Welcome</b>	Connie Windham welcomed all providers. She introduced Daniel Hahn, Alamance-Caswell LME Executive Director to present the State of the LME.
<b>State of the LME</b>	<p>Mr. Hahn thanked all providers in attendance. Mr. Hahn reported on the State of the LME – Economic Realities. He reported on current status of State funds used for services needed for consumers who meet target populations and medically necessity criteria. The LME has already engaged in exercises that will help move underutilized funding from other areas to help areas of greater need. This has to be reviewed and approved by the Division and providers will be updated on the progress.</p> <p>Effective Immediately for existing consumers – the LME UR/STR unit will carefully review continued authorizations for outpatient therapy &amp; group requests. If the consumer continues to remain in need of this level of service the UR/STR unit will only authorize one contact per month through June 30, 2006.</p> <p>For new consumers – the LME UR/STR unit will screen an individual for service as usual. If the individual is deemed to be a routine consumer, the LME will work with it's provider partners to set an initial appointment 30 – to 45 days out from the point of the initial contact. If the individual is deemed urgent or emergent, the LME will handle these situations internally to de-escalate, stabilize and plan for the appropriate disposition of the consumer. These efforts are currently only designed to impact those consumers who are calling in to request State Funded Adult Mental Health services. This does not impact individual's provision of services with Medicaid program.</p> <p>Mr. Hahn thanked all providers for their understanding and continued cooperation through this process.</p>
<b>Announcements</b>	<p>Ms. Windham gave important reminders to providers. They were as follows:</p> <ul style="list-style-type: none"> <li>• Review Division website daily</li> <li>• New Service Definitions will go live on Monday, March 20<sup>th</sup>. Please print most recent version off the website.</li> <li>• State Service Array will be released on Monday, March 20<sup>th</sup> – please print from the website.</li> <li>• There will be additional information on: Training Requirements, PCP template and Residential Treatment for Children.</li> <li>• Enhanced Services Implementation Update #7</li> <li>• Please look over the Questions/Answer documents on the website – they are located on the main page. You can submit your own Q/A from the link on the main page on the website.</li> </ul>

# PROVIDER FORUM

Alamance-Caswell Area MH/DD/SA Authority

AGENDA	DISCUSSION/RECOMMENDATIONS
<b>Endorsement Updates</b>	<p>Ms. Linda Jones reported on Endorsements. There is a new application on the Division website (Bulletin #44). Please do not use the one that states LME Endorsement. The new application is dated 12/9/05. Please pay close attention to the last page –all items need to be completed – organizational chart needs to be included for each service you are applying for. When you send in application, make sure you inform the LME, which of the three counties you want to provide services.</p> <p><u>Site/Specific Endorsement</u> – please be sure to include local references, organizational chart (for each service you wish to provide) and the insurance certificate with Alamance-Caswell listed as the certificate holder.</p> <p><u>Windows of Endorsement</u> – We are now in Phase III (March 1, 2006 – May 31, 2006) – once the window opens it will never close. Remember if you have not been endorsed you will not be able to bill for that service.</p> <p>Things to remember for onsite reviews – What does the LME want to see? We want to be able to see the program description for the specific service you are applying for and the job descriptions.</p> <p>Endorsement Data is available on the Division website for endorsed providers. Please check the website – link is located on the left hand side of home page.</p> <p>Once you are endorsed – Make sure that you are also preparing to enroll with DMA to obtain your new Provider Number. Each service site will have its own number. Most providers will have to enroll 2 or more times. All old numbers will go away. You will not be able to bill under the old number.</p> <p>As a reminder, please make sure you are submitting the entire DMA application. Most applications have been returned because of errors. Please see instructions for NC Division of Medical Assistance (handout).</p> <p><u>Important reminders:</u></p> <ul style="list-style-type: none"><li>• Provider must be conditionally endorsed by an LME</li><li>• Must attach the Conditional Endorsement Letter from LME with the Direct Enrollment packet.</li><li>• Provider can <b>ONLY</b> directly enroll for the new enhanced service definitions open for endorsement at the current time.</li><li>• <b>MUST</b> have original signatures as indicated on Direct Enrollment Application forms.</li><li>• Check only the services (on the application) that the provider is currently endorsed for. Even if you will be requesting Direct Enrollment for Future New Enhanced Medicaid Services.</li><li>• Direct enrollment is based on “site specific” locations just like the On-Site process within endorsement.</li></ul> <p>Ms. Jandy Andrews requested to providers once they receive DMA number, to please submit copy to Linda Jones at (336) 513-4422.</p>

# PROVIDER FORUM

Alamance-Caswell Area MH/DD/SA Authority

AGENDA	DISCUSSION/RECOMMENDATIONS
<p><b>New Service Definition Authorizations</b></p>	<p>Ms. Alicia Graham distributed several handouts to inform providers on the authorization process for Enhanced Benefit Services.</p> <ol style="list-style-type: none"> <li>1. <i>Authorization Process for Enhanced Benefit Services</i></li> <li>2. <i>Consumer Flow Chart for New Medicaid and New State Funded Consumers</i></li> <li>3. <i>Question/Answer Sheet</i></li> </ol> <p>Ms. Graham asked providers to complete Q/A sheet for any questions and leave after the Forum. Ms. Graham asked providers to email her directly for any authorization questions.</p> <p>Ms. Graham informed providers of the changes in the UM department. Crisis Unit and Access Unit have integrated and is now the UR/STR unit. This will allow more licensed clinical staff to help with phone calls. Ms. Graham asked providers to be patient due to calls has skyrocketed.</p> <p><u>Authorization Memo</u> – the memo outlines the process for authorizations for the following categories:</p> <ul style="list-style-type: none"> <li>• Adults currently receiving ACTT and PSR</li> <li>• Children currently receiving Residential &amp; Day Treatment</li> <li>• Children with a MH/SA diagnosis currently receiving CBS and/or CM</li> <li>• Adults with a MH/SA diagnosis currently receiving CBS and/or CM</li> </ul> <p>Consumers have received notification letters from the LME regarding changes in their services effective March 20<sup>th</sup>. Consumers were to notify the LME regarding their choice by March 16<sup>th</sup>. If consumers fail to notify the LME, the LME, following Division guidelines, will select a provider and notify the consumer of that selection.</p> <p>Once consumer selection is complete, the LME will provide to each provider agency a list of those consumers who have chosen that provider agency or were selected, as the provider agency is default as soon as possible after March 16<sup>th</sup>. The written notification via listing will serve as your agency’s authorizations for services to be delivered.</p> <p>The LME will also provide to each agency, a list of those consumers that were previously served by the agency but who have selected a different service and/or provider. This listing will serve as notification that authorizations for services for those consumers will end March 19, 2006.</p> <p>For services not included in the categories above, that directly crosswalk to enhanced benefit services and maintain the same billing code, the current authorization is valid for the enhanced benefit service until the current authorization expires, at which time providers should follow the enhanced benefit UR guidelines for requesting reauthorization.</p> <p><u>Flow Chart</u> – Ms. Graham discussed in detail the new Flow Chart that is actually not out for production. The flow chart outlined the process from beginning of the phone call to the end.</p> <p>Screening/Triage/Referral will occur for Medicaid consumers. Authorization will occur when consumer is referred from screening. Authorizations will be faxed to providers. For IPRS consumers, diagnostic assessment is not required and does not have to be authorized. The LME can authorize an intake.</p> <p>Ms. Graham reminded providers to please pay attention to their authorizations. What can we expect on initial authorizations? The new authorization will be for 30 days. The change will be you may or may not complete Diagnostic Assessment. Warm Transfers will continue to providers.</p> <p>The LME is following service definition guidelines from the State – we will not do the 6-month authorization request as noted in memorandum as a possibility.</p>

# PROVIDER FORUM

Alamance-Caswell Area MH/DD/SA Authority

AGENDA	DISCUSSION/RECOMMENDATIONS
<b>Continued Authorization</b>	All spreadsheets will be done on conversions. The LME will allow 30-day extension for Community Support if authorization was done before March 31 <sup>st</sup> . Information will be forthcoming in Communication Bulletins.
<b>Contracts &amp; Reimbursement Updates</b>	Ms. Jandy Andrews gave brief updates. Electronic Billing is coming to providers. Memorandum of Agreements (MOA) have gone out to Endorsed Providers this week – You will note new Attachment A's that reflect Enhanced Services. Please look at the new Service Array – some Target Pops have changed.
<b>QA/QI Updates</b>	<p>Ms. Amy Stevens reported on QA/QI updates. All providers should have received the following memorandums last month (Handouts) –</p> <ol style="list-style-type: none"> <li>1. <i>Incident Reporting Changes for DHHS Incident &amp; Death Report</i></li> <li>2. <i>Provider Quarterly Incidents Report</i></li> <li>3. <i>Q1 3<sup>rd</sup> Quarter Activities Memo</i></li> <li>4. <i>Intake Memo</i></li> <li>5. <i>UM Data Collection Memo</i></li> </ol> <p>Good News! The Outcome Forms have gone away. No Level I incident reports are needed – please continue to complete summary. Level II &amp; Level III reports – providers will receive reports, not phone calls anymore. Record Reviews are “Under Construction” – please don't show up unless you receive a letter from the LME. Construction should be complete by May 1<sup>st</sup>.</p>
<b>NC TOPPS</b>	<p>Ms. Bonnie Hill, QA/QI department reported on NC TOPPS information. The forms do not have to be copied anymore. The system is now web based. All NC TOPPS must be done on the 1<sup>st</sup> session with consumer. Providers can't wait for thirty days to complete. Please make sure you use the correct consumer number. State is cross-referencing.</p> <p>Ms. Hill reported only 80% of providers are completing NC TOPPS – we need 100%. The LME is now receiving a State report from NC TOPPS data. There is some exclusion for NC TOPPS. They are as follows:</p> <ul style="list-style-type: none"> <li>• Crisis</li> <li>• Detox</li> <li>• SA Prevention Services</li> <li>• Inpatient Psychiatric Hospital Services</li> <li>• IPRS – transitional non-covered populations</li> <li>• Medicaid funded Basis Benefits ONLY.</li> </ul> <p>Handouts Available:</p> <ol style="list-style-type: none"> <li>1. <i>NC-TOPPS Initial Assessment Compliance Report (2<sup>nd</sup> Qtr. Report)</i></li> <li>2. <i>Initial SFY 2006-2007 NC-TOPPS report from Mike Moseley</i></li> <li>3. <i>Revised SFY 2005-2006 NC TOPPS Implementation Guidelines (Oct. 05)</i></li> </ol>
<b>Next meeting</b>	<b>Thursday, May 18, 2006 from 2pm – 4pm at HSC Building, Rooms A &amp; B in Alamance.</b>