

PROVIDER FORUM

Alamance-Caswell Area MH/DD/SA Authority

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

April 20, 2006

The Alamance-Caswell Provider Forum met Thursday, April 20, 2006 at 1:00 p.m. at the Cooperative

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

Providers;

Rockingham Opportunities Corp, Therapeutic Alternatives, Challenges, Daystar, Rockingham Co. MH, Life Turn

Group Home, Tri-Care, Central States of the Carolinas, Mental Health Association, Abundant Living, Easter Seals/UCP, Rockingham Co. Schools, and Youth Haven.

Staff Present: Amy Stevens, Linda Jones, Jean Gibson, Bonnie Hill, Alicia Graham, Connie Windham and

Carmen Morrow.

Welcome Connie Windham welcomed all providers. Introductions were made of new providers.

Announcements Ms. Jean Gibson gave important reminders to providers. They were as follows:

Review Division website daily – There have been several communication bulletins since the last Forum. They are:

- Enhanced Services Implementation Update #4 – Transition Services Authorizations, Service Orders, and Additional Crosswalks.
- Enhanced Services Implementation Update #5 – Developmental Therapy
- Enhanced Services Implementation Update #6 – Consumers' Choice of Provider, Subcontracting, Caseload Ratios, and Questions & Answers.
- Enhanced Services Implementation Update #7 – Provisionally Licensed Staff
- New Service Definitions on the website are dated March 27, 2006
- IPRS Service Array was released on March 30, 2006 – some target pops have changed. You can access by DMA website (IPRS link) or go directly to IPRS website.
- Value Options trainings are listed on the Division website.
- For providers who are experiencing difficulty with EDS billing, please contact Lisa Laur at the Division. She will be available to travel to locations. Her phone number is (919) 816-4483.
- Value Options beginning June 1st will do UR for Medicaid.
- STR (after-hours) will be done by 5-County LME and will begin July 1st
- For MST providers, memo will be a forthcoming requiring MST provider to be licensed by the main MST national agency.

As a reminder, please send of copy of DMA enrollment letter to Jean Gibson or Linda Jones.

Please send copies of certificate of insurance to Jean Gibson.

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

Please remember to use the last updated application – dated 12/9/05. Please do not use the Endorsement Application for LME. Phase IV window will open June 1st – August 31, 2006 that will include: CAP – MR/DD waiver services, Child Residential Treatment Services and Detox Services. There are no checklists available as of yet, probably due to new child residential rule changes. Please continue to check the Division website. Ms. Jones encouraged applicable providers to go ahead and start putting items together for Corporate endorsement, as well as site/service.

If you are submitting an application for Site/Service, please pay particular attention to 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.

Ms. Jones reported Endorsement numbers since January 2006. The numbers are as follows:

7 – Corporate

18 – Site/Service

Total of 68 services have been endorsed for Alamance/Caswell/Rockingham.

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 in the left –hand column). Providers were encouraged to check the Division database to be certain their information is correct, as there have been some errors. If errors are noted with your agency's information contact Carmen Morrow.

Ms. Jones indicated that 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.

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New Service Definitions Ms. Alicia Graham reported on New Service Definition updates. She reported there is

no word from Division regarding Value Options transition as of yet. The trainings are scheduled. The moment we hear, the LME will inform providers of any changes.

Ms. Graham reported there is no specific word from the Division regarding how STR/After-hours will be handled. Information should be forthcoming as guidelines are developed.

For New Service Definitions, the LME is converting old services to new services. This is currently being worked on by the IT Department. DMA letters that went out from the LME were very confusing for consumers – services have not gone away. Ms. Graham reminded providers to continue seeing consumers as usual to maintain continuity of care.

Ms. Graham acknowledged that authorization processing has slowed down. She requested that providers be patient with the Unit. If there are specific issues, please feel free to contact Mary Ann Johnson at ext. 4148 with any specifics. The Unit is keeping a close eye on any residential authorizations – they are different. She appreciated provider's patience.

Question:

If authorizations have expired, will there be any problems with denials?

Please call the Access Unit and inform staff of any dates that are expired so they can mark "urgent" and make sure they are processed.

Question:

Can you explain the intake process?

- Consumer calls the Unit
- Intake/Screening is done over phone
- Referral is made by consumer choice.

Discussions continued about the intake process. Ms. Graham stated she has

communication bulletin ready to go out to providers but is awaiting word from Division due to so many changes.

Question:

For walk-ins – how should the process be handled?

Ms. Graham explained the process. The process is different for Alamance and Rockingham.

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QI/QA Updates Ms. Amy Stevens reported on QI/QA updates. All providers should have received the following memorandums last month (Handouts).

1. *Incident Reporting Changes for DHHS Incident & Death Report*
2. *Provider Quarterly Incidents Report*
3. *DHHS Incident & Death Report*
4. *Changes and Updates in reporting for the LME and State*

Ms. Stevens reminded providers not to include Social Security number on incident reporting forms. The chart/medical record number is fine. Please make sure you are completing the revised incident report dated March 8, 2006.

Good News! Providers are no longer required to send in monthly outcome reports. Good News! Providers do not have to copy NC TOPPS anymore -all should be done electronically.

Ms. Stevens announced upcoming Human Rights Training would be held in Rockingham on Wednesday, **May 17th from 9:30am – 1:00pm** at the Cooperative Extension Center. The training is limited, so please register now. A \$15.00 participant fee should be mailed no later than May 8th. Training items will be: Satisfaction, Record Review, QI Meeting, Minutes, etc.

NC TOPPS Ms. Bonnie Hill reported on NC TOPPS information. As a reminder, the forms do not have to be copied anymore. The system is now web based. All NC TOPPS must be done on the 1st session with consumer (initial visit) and updates are required at 3 months, 6 months, 12 months and every 6 months there after until the end of the treatment episode. The requirements are as follows - NC TOPPS are required 100% on all MH/SA consumers six year old and older who have:

- Completed the screening process
- Formally been admitted for treatment by having an open record with a unique consumer record number through the LME.
- A DSM IV diagnosis or a ICD 9 code, or the latest version of either
- Been enrolled in a target population by an assigned LME.

Exclusions are as follows:

- Consumers receiving Crisis services only
- Consumers receiving Detoxification services only
- Consumers receiving prevention services only (CSSP, CSIP target populations)
- Consumers receiving inpatient psychiatric hospital services only
- Consumers classified in a TNC population
- Consumers who do not have a DSM IV or ICD 9 Diagnosis
- Consumers receiving Medicaid funded basic benefits (8 visits for adults, 26 visits for children). It does not matter if additional visits are authorized the consumer does not need a NC TOPPS unless the classification changes to enhanced benefits.

DD Consumers or MR/MI Consumers do not need a NC TOPPS. The outcomes tool used with these consumers is the DD CQI.

Consumers who are members of both DD, MH or SA Target populations require an NC TOPPS only when the services they receive are predominantly MH or SA.

The link for NC TOPPS implementation guidelines:

<https://nctopps.ncdmh.net>

Ms. Hill advised providers each agency should have one “super” user of NC TOPPS.

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CAP Implementation

Review

Ms. Amy Stevens reported all providers should have received a letter regarding CAP Implementation reviews. Reviews will be held for Rockingham County on May 3rd and May 4th here at the Agricultural Building.

Question:

Who is the “clinical home” – Is it the residential provider or Community Support provider?

The agencies should work together collaboratively. Agencies should meet and complete the plans together. There should only be “one” plan. Ms. Stevens added all of this information would be given out at the Human Rights training.

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.

At the last Forum, we announced the Council is interested in expanding membership to Rockingham. Ballots were completed with the following results:

Edith Blackwell – Rockingham Opportunities

Jeannette Bates – Life Turn Group Home

Representative from Rockingham County MH/DD/SAA

The meetings are currently held in Burlington at the HSC location.

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:
 - Identify gaps in services
 - Assist in the identification of under-served and non-target populations
 - Identify Best Practices

“Spotlight on Providers” Ms. Linda Jones 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.

The Following Agencies presented today:

- Therapeutic Alternatives
- Caring Family Network (YDCA)

Next Meeting Thursday, June 15, 2006 from 1pm – 3pm at the Rockingham Cooperative Center.