

## **PROVIDER FORUM**

**Alamance-Caswell Area MH/DD/SA Authority**

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

**May 18, 2006**

The Alamance-Caswell Provider Forum met Thursday, May 18, 2006 at 2:00 p.m. at the Human Services

Center, 319 N. Graham Hopedale Road, Burlington, and North Carolina.

### **Providers;**

OE Enterprises, Health Force (Prime Health), Triumph, Easter Seals/UCP, Alcohol & Drug Services, Bayada Nurses,

Psychotherapeutic Services, Mental Health Association, Ralph Scott Lifeservices, The ARC of NC, Residential

Treatment Services, Central States, Life Span, CNC Access, Institute for Family Centered Services, Central Care

Division, Hearthstone, Triad Treatment Homes, Phoenix Bridge, Open Arms, Owens Consulting, Inc., Rouse Group

Home, Genesis, Touching Hearts Everyday, Alpha Management Services, Youth Villages and Central Care.

**Staff Present:** Connie Windham, Linda Jones, Jean Gibson, Bonnie Hill, Jandy Andrews, Clay McCain, Alicia

Graham and Carmen Morrow.

**Welcome** Linda Jones welcomed all providers. Introduced Gary Ander, System of Care Site Coordinator from Alamance County Department of Social Services.

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### **System of Care**

#### **Presentation**

Mr. Gary Ander presented System of Care. Mr. Ander gave a brief overview of System of Care – What is it? It is an approach based on the development of a strong infrastructure of interagency collaboration, family centered, individualized strengthbased practices, culturally competent services and supports, community based services, child and family involvement in all aspects of the system, and measures of accountability.

**Why System of Care?** System of Care helps:

- Prevent out of home placements
- Reduce multiple placements
- Families & children be safe & successful in their home, school & families
- Address the multiple needs of children and their families

#### **Guiding Principles of SOC –**

1. Interagency Collaboration – engages all child & family serving agencies at all levels of public, private and faith based organizations including DSS, Juvenile Justice, MH, Schools, Health and Private Providers.

2. Family Centered Individualized Strengths Based Approach –

3. Culturally Competence – this is possible by tailoring services & programs by considering the cultural, ethnic, racial makeup & personal reference of the family.

4. Community Based Services – children thrive in the context of their homes, communities and schools.

5. Child & Family Involvement – mutual respect and meaningful partnership between families and professionals in the planning and implementation of both individualized plans & community change is essential.

6. Accountability – outcomes data is collected, analyzed and reported on the individual child and family services system, performance and financial efficiencies. The information is used to inform all stakeholders and serves as a quality assurance process.

**The Goal: One Family/One Team/One Plan**

**Positive Forces for Change Negative Forces for Change**

Local Desire – better outcomes for all children  
Time wasted in duplicate meetings for same children help by different agencies  
Multiple reform efforts in public services Confusion for families in accessing and using care  
Local commitments across child serving agencies for joint solutions  
Fragmented services, poor outcomes  
National best practice standards  
Target Populations :

- Ages 8-18
- Children requiring services from two or more agencies
- At risk of abuse, neglect along with families
- At risk of developmental problems & school failure
- At risk of court involvement
- Serious, moderate, mild MH needs

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### **Cont'd System of Care**

#### **Presentation**

#### **Strengths Challenges Needs**

Participation by diverse agencies  
Partnering with families [MH/DD/SA provider participation](#)  
Participation by families in care and system building  
Too much work, not enough time  
Family partners as trainers  
Commitment of direct care staff  
Maintaining commitment to collaboration  
Agitators to help move process along  
Shared vision and commitment to SOC principles  
Various agency mandates, sometimes conflicting regulations  
Dedicated staff for each county to coordinate child & family teams and support collaboration process  
Committed core of leaders  
\$\$ For other SOC infrastructure such as: family partners, training & web based information support.  
Participation in regional and statewide support  
Mr. Ander provided the following handouts:

1. *Alamance County System of Care brochure*
2. *Child & Family Team (CFT) Meeting brochure*

Mr. Ander announced Alamance County has identified 25 children who will be followed closely. Alamance Burlington School System was recently approved to hire 14 new positions (social workers & school nurses) for the following schools - Cummings High and Graham High. These schools will have Child & Family Support teams. The positions should be in those schools by the end of May.

Mr. Ander announced SOC would provide ongoing training programs. The trainings are done for four days. We recognize the time restraint that adds to private providers. If you are interested in training, please contact Gary Ander at (336) 513-4769 or email at [gary.ander@alamance-nc.com](mailto:gary.ander@alamance-nc.com).

**Endorsement Updates** Ms. Linda Jones reported on Endorsements. There is a new application on the Division website (Bulletin #44). The new application is dated 5/15/06 (updated). The only change is Level II; III & IV Residential Services has been added to list of services. Windows of Endorsement – 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. We are anxiously waiting checklists for Phase IV (June 1, 2006 – August 31, 2006).

Ms. Jones expressed to providers to go ahead and start on application for Corporate Endorsement, if needed.

Ms. Jones reminded all providers to send in DMA letter with provider number to Jean Gibson or herself.

Ms. Jones announced Provider Council members agreed to announce the following trainings to providers. They are as follows:

1. *NC Endorsed Person Centered Planning Training presented by Retrospect Counseling (please see brochure)*
2. *Horizon Healthcare Info to help provider agencies with direct bill Medicaid.*

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**QI/QA Updates** Ms. Bonnie Hill announced Human Rights training will be held on Wednesday, June 14<sup>th</sup> from 10am – 3pm at HSC. There is a charge – training is limited to 40 participants - \$15.00 participant fee should be mailed to Marilyn Meeker.

QI will continue to monitor – we will inform you ahead of time.

4<sup>th</sup> Quarter QI Assessment Activities Memo –

Each provider is responsible for completing and submitting to the LME. Lack of reporting of any item may result in:

- **Contract status may be reconsidered by the LME Credentialing Committee**

- **A Program Monitoring may occur by the QI Department; or**

- **DFS may be contacted concerning non-compliance issues**

All QI required documents for June are due by July 15, 2006 (except the Provider Quarterly Level I Incident Report – due by July 10) and are as follows:

- ALL Individual consumers Level II & Level III Incident Reports
- State Required Form for Level I Incident Reports
- DFS/DSS Reports and Monitoring if any occurred
- 4<sup>th</sup> Quarter Human Rights Meetings minutes
- 4<sup>th</sup> Quarter QI/QA Meetings minutes, and any related QI Projects
- QI/QA Annual Plan
- HR Annual Report

Please send all data information to Joanne Melton (336) 513-4449 or [jmelton@acmhdds.org](mailto:jmelton@acmhdds.org).

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**LME Updates** Ms. Karen Webb reported on the following LME Updates:

Drop In Center – meeting scheduled on June 8<sup>th</sup> in Raleigh to go over policies & procedures for DFS review. Alamance Council on Homelessness has been advisory committee. The long-range plan continues for Allied Churches to build a drop in center

with transitional housing.

Lynn Inman reported on Mobile Crisis – RFA was sent out to provider community. Psychotherapeutic Services received the RFA. Division awarded \$100k for service. Mobile Crisis Task Force has been formed and will meet next week to discuss strategies and plans. The LME and Psychotherapeutic Services will attend training at UNC Behavioral Care on Mobile Crisis. The goal for service to start is July 1, 2006. Connie Windham announced ACT RFP has been reviewed – recommendation has been sent to Executive Director Daniel Hahn. We are hopeful announcement will be made on Friday.

Jean Gibson announced the following:

Value Options training for May 25<sup>th</sup> (Residential & SA) still has openings. Please link on the following website: [www.valueoptions.com](http://www.valueoptions.com)

#### **Division updates:**

The Implementation issues & answer document dated 4/28/06 is more user friendly and has combined the previous lists that have been posted.

Consumer Flow Chart for New Medicaid and New State funded consumers – gives you the layout of the new authorization procedures.

Enhanced service implementation #8 – PCP Plans – gives you the most recent version of the new standardized format complete with instructions. June 1<sup>st</sup> all providers should follow this format.

Child Residential Rules transition – Level II will be licensed as .1700 and Level III will be licensed as .1300. Child residential providers have until June 3<sup>rd</sup> to complete the process.

Medicaid Audit Satisfaction survey is posted on the Division website for those involved in the audit. Deadline is June 15<sup>th</sup>.

Enhanced Service Implementation #7 – Provisionally licensed staff

Legislative information – access the legislative oversight committee report at [www.ncleg.net/leglibrary/](http://www.ncleg.net/leglibrary/). The final report will come out soon.

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**UM/UR Updates** Ms. Alicia Graham gave UM/UR Updates:

- There are changes daily at the Division level
- Two new UM staff will start in June 2006
- Unit is out of compliance with authorizations (month behind) – if you have consumers deteriorating and need authorization, please contact Mary Ann Johnson at ext. 4148. Ms. Graham thanked all providers for their patience. Value Options – training was held last week, we don't have any updates from the trainings.

- June 1<sup>st</sup> – Child

- July 1<sup>st</sup> – Adult

- Concurrent review is the question – July 15<sup>th</sup> (Child) and August 15<sup>th</sup> (Adult).

We are trying to extend authorizations out until those days with the exception of ACT.

- There is no definite date for CAP/Targeted CM – we anticipate September.

- Please view slides 33 & 34 on the Value Options training website.

Ms. Graham encouraged providers to look at website Video from Mike Lancaster. It is very helpful. The LME has been very flexible with authorizations, etc., but remember Value Options will not be flexible. They made it very clear at training.

Ms. Graham reported we will try to send out Communication Bulletins to providers regarding any changes with authorizations and they way things will occur. Ms. Graham expressed to providers she continues to meet with Dan Hahn and Richard Stegenga regarding UM processes as a priority.

For all providers who are directly enrolled with DMA – you do not need an authorization from the LME, but you will need one from Value Options.

5-County will take over after-hours STR on July 1<sup>st</sup> – at this point, we are not sure how the process will happen. LOC proposal has recommended after hours STR go back to local LMEs.

**Next meeting Thursday, July 20, 2006 from 2pm – 4pm at HSC Building, Rooms A & B in Alamance.**