

PROVIDER FORUM

Alamance-Caswell Area MH/DD/SA Authority

July 20, 2006

The Alamance-Caswell Provider Forum met Thursday, July 20, 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, Psychotherapeutic Services, Ralph Scott Lifeservices, The ARC of NC, Residential Treatment Services, Central States, Life Span, CNC Access, Institute for Family Centered Services, Central Care Division, Caring Family Network and Youth Villages.

Staff Present: Daniel Hahn, Linda Jones, Carmen Morrow, Bonnie Hill, Jandy Andrews, Cynthia Ziller, Amy Stevens and Carmen Morrow.

AGENDA	DISCUSSION/RECOMMENDATIONS
Welcome	Linda Jones welcomed all providers.
LME Director Presentation	<p>Mr. Daniel Hahn, LME Chief Executive Officer gave brief LME Updates. Mr. Hahn gave a brief commentary regarding the start of the reform process in 2001 to now. As a result of MH Reform, Alamance/Caswell and Rockingham County have merged to form one LME. The merger is now complete as of July 1, 2006 – the LME is officially Alamance-Caswell-Rockingham LME. The historical Rockingham County Area Program is now a contractual provider in the Rockingham area. The LME is in the process of merging both Area Boards – training was done today. We are very excited to have Rockingham County on board and the first official board meeting will take place in August.</p> <p>The LME will continue responsibility as the fiduciary and monitoring of providers. The LME staff remains committed to providers and we will continue to work as a team for the betterment of consumers. Legislatively, budget has been agreed upon for MH. Approximately \$94-98 million was approved for direct provision of services for MH/DD/SA. The money will be allocated to address the “have & have-nots” for different parts of the state to balance & equalize the system.</p> <p>Mr. Hahn thanked all providers for their continued diligence with consumers and patience with the ever-changing MH System.</p>

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<p>UM/STR Updates</p>	<p>Ms. Cynthia Ziller, UM staff presented UM/STR updates. Ms. Ziller presented on Communication Bulletin #11-A – there was a change from the last memo. All Residential Transition needs to go to Value Options as of July 15th. Please note change.</p> <p>Bullet #4 – Although Value Options is handling the Medicaid authorizations – the unmanaged visits for provisionally licensed clinicians and unlicensed clinicians still have to go through the LME for billing. Starting July 10, 2006 – providers will not have to send in an authorization request for these visits. You can bill through the LME. However, it is your responsibility to ensure that you have sent in the necessary treatment request form to Value Options to cover all services rendered that are billed to Medicaid.</p> <p><i>(i.e. – all services billed through the LME for provisionally licensed and unlicensed therapist will be forwarded to Medicaid/EDS for payment. If Medicaid/EDS denies payment based on a lack of an authorization, the LME will also deny payment)</i></p> <p>Please send all information to LME Billing Department, not to UM department.</p> <p>Bullet #3 – Beginning July 1, 2006 – as long as funds are available, for children in residential that are non-Medicaid, the LME will authorize treatment, room & board, therapeutic leave and therapeutic leave room & board.</p> <p>For children in residential that have Medicaid, the LME will only authorize Room & Board, Therapeutic Leave and Therapeutic Leave Room & Board, as these are the services that are billable to the state. <i>(When you request these services to be authorized they will be matched up with the Value Options authorization received by the LME and then your request will be processed.)</i></p> <p>These authorizations still need to come to the Access department.</p> <p>Ms. Ziller reported on Communication Bulletin #12 – Revised Treatment Request Form. All elements of the forms must be legible and filled out completely in order to be processed. Important items to know:</p> <ul style="list-style-type: none"> • All SA diagnosis will require a signed release form with authorization request – this will speed up the process. • Insurance – please note insurance/circle the form. • Service Codes – date you request codes – please put span on time requested. Ask for units/events and also note who will provide the service? • Authorization will be dated the date the Access Unit receives request. The LME will not backdate any requested authorizations. • All clinical data is very important. The unit needs to know exactly what is going on with the consumer – why need service? We need specifics. This is very important when requesting higher level of service. • All service plans need to be individualized for consumer – measurable goals – limited time frame. We need the goals to meet the needs of the consumer. <p>Question/Answer: What happens if the request comes in after 5pm? <i>The authorization will be dated as of the next business day.</i></p>

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Cont'd UM/STR Updates	<p>Question: Provider requested clarification on bullet #3 regarding Room & Board and residential. What will the LME do here for authorizations for R&B? Currently the LME is receiving all Value Options authorizations due to LME provider number used. How will the LME communicate to providers that VO form has been received? How will the providers issue Room & Board authorizations?</p> <p>Answer: <i>In the past- we try to match the VO form with authorizations to determine who requested. Not sure at this time how information will be communicated to providers. We do understand you need to be notified. Jandy Andrews & Cynthia Ziller will meet with Alicia to see what the process will be. Providers will be notified of decision.</i></p> <p>Question: Medical necessity is not needed for Room & Board – why do the providers need to complete an OTR request? Why can't the VO form be sufficient? Provider requested clarity. Requested information is consistent with other LME's.</p> <p>Answer: <i>Ms. Ziller will take concerns back to Alicia Graham, UM Manager for response.</i></p> <p>Question: What do we as providers need to do to continue services for consumers and we have not received authorizations that have been requested? What do we do?</p> <p>Answer: <i>Ms. Ziller responded the Access unit is caught up with Medicaid authorizations and are now in April for IPRS authorizations. We continue to work with overtime to catch up. For any specific authorizations that are older than April, please contact Alicia Graham and send a list.</i></p> <p>Question: For clients who need IPRS funds – do we send request to UM Department?</p> <p>Answer: <i>Yes, please send request on OTR form. If the billing is occurring through the LME – we need a copy of the OTR to make sure letter is matched up.</i></p> <p>Question: For SA diagnosis release forms – do we have to send every time?</p> <p>Answer: <i>Release forms can be done once a year. We will not need every time for the same consumer if we already have on file.</i></p> <p>Question: For authorizations already in process with the LME – do we need to wait to receive authorizations before billing can be sent to the LME?</p> <p>Answer: <i>Go ahead and continue service and send in billing.</i></p> <p>Question: Are there any exceptions for any denial dates in July?</p> <p>Answer: <i>Ms. Ziller will take back concerns to Alicia Graham and Clay McCain.</i></p>

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Billing Updates	<p>Ms. Jandy Andrews reported billing updates. They were: Dates of Service for May/June billing must be submitted to the LME no later than August 1st by 5pm.</p> <p>2006/2007 contracts will be mailed very soon. There is potential that some providers will receive three contracts this year:</p> <ul style="list-style-type: none"> • Enhanced Services • IPRS State Contract • Purchase of Service Agreement <p>No Room & Board for dates of service May/June will be paid. For dates of service beginning July 1st – providers can begin to submit billing again.</p> <p>Any billing errors/discrepancies or any questions, please contact Jandy Andrews at ext. 4419.</p>
QI/QA Updates	<p>Ms. Bonnie Hill NC TOPPS Implementation guidelines. Please refer to handout. Please note major changes to the new guidelines:</p> <p><u>Wording change –</u></p> <ul style="list-style-type: none"> • Assessments are now referred to as Interviews • Discharge Assessments are now referred to as Episode Completion Interview. <p><u>SA & MH Consumer Exclusions –</u> Consumers in the IPRS Adult MH Stable Recovery (AMSRE) population only. Stable Adult MH Consumers receiving Medication Management Only, Outpatient Only or a combination of both services – these consumers are not receiving any enhanced services such as Community Support, Community Support Team or Assertive Community Treatment Team.</p> <p><u>Transfer and Episode completion interviews –</u> Consumers who previously had a NC-TOPPS completed in the system and are moving into the AMSRE target population, an Episode Completion (Discharge) Interview should be completed. For item asking reason – QP would check “Moved to Adult MH Stable Recovery” target population.</p> <p>The LME percentage should be 100%, as of now we are at 33%. We are asking for all providers to comply with NC-TOPPS guidelines. Ms. Hill stated she will be able to monitor reports monthly now – letters will be forthcoming to provider agencies if out of compliance.</p> <p><u>Question:</u> What happens when consumers come straight to provider and not referred by the LME – providers do not have a client number to complete NC TOPPS. Can we continue to handwrite the NC-TOPPS and enter later once number is received?</p> <p><i><u>Answer:</u></i> <i>Yes – continue to do on paper until consumer number is received and then enter into the system, as long as it is within the 30 days.</i></p> <p>Ms. Hill reminded providers when completing Incident Reports – please complete all information. If you are the “Q” – please look over before you send to the LME. Very important to circle Host/Home – very confusing terminology. Any questions please contact Bonnie Hill ext. 4172.</p>

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<p>Endorsement Updates</p>	<p>Ms. Jones reported on changes within Endorsement. The Division has released <u>Communication Bulletin #055 – New Phases for Provider Endorsement</u> - Policy Amendment for Conditional Endorsement listing those changes. Phase IV has been expanded into three different phases to allow sufficient time to make the transition to these services as seamless as possible.</p> <p>The changes are as follows:</p> <p><u>Phase IV (June 1, 2006 – August 31, 2006)</u></p> <ul style="list-style-type: none"> • Detox Services (Ambulatory, Non-hospital Medical, Medically Supervised/ADATC) <p><u>Phase V (August 1, 2006 – October 31, 2006)</u></p> <ul style="list-style-type: none"> • CAP-MR/DD Waiver Services • <i>*Existing CAP providers currently directly enrolled in the Medicaid program will not be required to go through the new endorsement process at this time.*</i> <p>Currently enrolled CAP-MR/DD providers will be required to <u>sign the standardized MOA</u> with the LME(s) in whose catchment area (s) the provider offers services, prior to 10/31/06 in order to continue to provide services.</p> <p>Currently enrolled providers who fail to sign the MOA may have their enrollment in the Medicaid program terminated.</p> <p><i>*New CAP providers will be required to go through the full endorsement process. When the provider has completed the endorsement process, they will send their application and letter of endorsement from the LME directly to DMA Provider Enrollment.</i></p> <p>Checklist is not out for any of these windows – but we will forward as soon as released.</p> <p><u>Phase VI (September 1, 2006 – December 31, 2006)</u></p> <ul style="list-style-type: none"> • Child Residential Treatment Services <p>If currently enrolled, you must apply for endorsement at least 90 days prior to the expiration of their license. Currently enrolled Child Residential Treatment Services providers who license expires after December 2006 <u>will be required to sign the MOA</u> with the LME(s) in whose catchment area(s) the provider is located prior to 12/31/2006.</p> <p>Ms. Jones discussed Enhanced Services Implementation Update #11 – update covers the following:</p> <p><u>Child Residential Rules & Service Definitions</u> – The new rule requires 4 hours provided by the licensed individual to be provided to the facility and not necessarily to each individual child served in the facility.</p> <p>The service definition for High Risk Intervention – Residential Level III also requires that 4 hours of treatment be provided to each individual child in the facility each week. The requirement may be met by QP or AP.</p> <p><u>Changes to Person Centered Plan</u> – PCP plan has been modified and is now posted on the Division website. The new instructions provide more guidance. The new template may be used immediately; its use will be required for all plans developed on or after August 1, 2006.</p> <p>Ms. Jones encouraged providers to read Implementation Update #10 regarding Training Requirements. (Please see flyer from Endorsed Trainer in Guilford County).</p>

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Provider Presentations	<p><u>Psychotherapeutic Services</u> – Debbie Duross, Program Director shared new service with providers – Mobile Crisis. Ms. Duross distributed handouts with guidelines for referral and flyer. Ms. Duross expressed to providers Mobile Crisis is not a “suicide hotline”. Mobile Crisis is available to back up first responders. The unit can cover all diagnosis. The Unit has been endorsed for all three counties – but is starting with Alamance County first. To reach the unit, please call 538-1220 24 hrs/7 days a week.</p> <p><u>ASAP/Easter Seals</u> – Cathy McGuire and Gillian Eberle presented on the merger of ASAP & Easter Seals. ASAP will be the MH arm for Easter Seals. Easter Seals will continue the residential component. ASAP has just acquired the LME ACT Team in divestiture. Is ACT Team receiving new referrals? Yes – but we are not fully staffed as of yet. New brochures will come out soon.</p>
Next Meeting	Meeting was adjourned. Next meeting will be held September 21st at 2pm.