

ACE LME Provider Forum
ALAMANCE/CASWELL/ROCKINGHAM LOCAL MANAGEMENT ENTITY

May 15, 2008

LME Staff Present: Linda Jones, LME Provider Relations Specialist; Bonnie Hill, LME QI Specialist; Jandy Andrews, LME Finance Department; Helen Feroli, QI/PR Manager; Victor Armstrong, LME Care Coordination Manager; Jean Gibson, LME Provider Liaison; Barbara Docimo, LME QI Specialist; Alicia Graham, LME Clinical Director; Connie Brown, LME QI Specialist; Connie Windham, LME System of Care and Carmen Morrow, LME Provider Support.

Provider Staff Present: Therapeutic Community Resources, Central States, OE Enterprises, Alcohol & Drug Services, Easter Seals, Abundant Living Group Home, Mental Health Association, Universal MH/DD/SAS, Phoenix Bridge, Ethel's Footprints, Trinity Supports, New Possibilities Home for Children, Therapeutic Alternatives, Solutions CSA, Visions, Ralph Scott Life Services, Life Turn Group Home, Harvest House, Residential Treatment Services, Empowered to Succeed, Tri-Care, Youth Builders, Children's Home Society of NC, Maxim Healthcare, Hearthstone, The ARC of NC, Psychotherapeutic Services, Triad Treatment Homes, Youth Haven, and Triumph.

AGENDA ITEM	DISCUSSION/CONCLUSION	ACTION/NEXT STEPS	RESPONSIBLE PERSON	STATUS
<i>Item number and name</i>	<i>Detailed reflection of discussion and any conclusions from discussions. Include pertinent data wherever possible.</i>	<i>Any decisions, recommendations and/or steps the committee takes.</i>		<i>Open or Closed</i>
Welcome	Ms. Linda Jones welcomed all providers to the forum. Mr. Daniel Hahn, LME Chief Executive Officer gave a brief welcome to the provider network. He thanked all providers for their continued efforts to provide services to consumers of Alamance, Caswell & Rockingham communities.			Closed
System of Care Presentation	Ms. Connie Windham, LME System of Care Coordinator announced to providers and distributed flyers for upcoming Provider Fair sponsored by the Rockingham Community Collaborative System of Care.	Action: Please post flyers in your provider agencies.		Closed
Community Support Updates	Ms. Lisa Bunting, Licensed Clinical Social Worker & State Certified Trainer presented Community Support Updates. The following was presented: Please see Community Support Definitions at www.dhhs.state.nc.us/dma/bh/8A.pdf - revised February 2008 and will be effective March 2008. The new service definitions are on pages 24-43.	Action: Please continue to check the Division website for all changes within Community Support.		Open

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	<p><u>Changes are as follows:</u></p> <ul style="list-style-type: none"> • Service Definition and Required Components have been expanded with much more emphasis that all services are related to diagnosis, symptoms of that diagnosis and effects of those symptoms on the individual consumer. • The description of the role & duties of the QP has been expanded (pages 25 & 35) • The list of services performed by the QP or the AP/PP has been expanded and amplified (pages 27 & 37) • A QP must perform at least 15% of billable services for each individual served and the agency must document 25% aggregate service by a QP (pages 28 & 38). • In the Entrance Criteria, life domains have been defined. The PCP must document significant impairment in two domains: emotional, social, safety, housing, medical/health, and legal (pages 28 & 38) • The new definitions reduce other entrance criteria (d) from eight points to six. Unmet needs from multiple agencies must relate to a diagnosis of MH/SA (pages 29 & 39) • Adults are limited to 4 unmanaged QP hours and children to 8 hours for the development of an introductory PCP and to organize a comprehensive clinical assessment. These unmanaged hours are available only to recipients new to the service system and not new to the provider (pages 29 & 39) • Medicaid will authorize no more than 780 units/90 days (approximately 15 hours per week) and it is expected that the intensity will quickly decrease (pages 32 & 42) <p><u>Changes Specific to Community Support – Adults</u></p> <ul style="list-style-type: none"> • Adults can be billed at the same time as Psychosocial Rehabilitation (page 32) <p><u>Changes Specific to Community Support – Child</u></p> <ul style="list-style-type: none"> • There is much more emphasis on the Child & Family Team to create, implement & update a plan (pages 35, 37 & 39). DHHS expects that after the initial visits, the PCP will document participation by all service providers as well as natural community 			

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	<p>supports.</p> <p>Definition of Child & Family Team – <i>"family members and their community supports that come together to create, implement & update a plan with the child, youth/student & family. The plan builds on the strengths of the child, youth & family and addresses their needs, desires and dreams."</i></p> <p>Ms. Jones thanked Ms. Bunting for the presentation. Please continue to check our website for all LME Trainings. Ms. Bunting conducts the majority of the LME Trainings.</p>			
Housing Updates	<p>Mr. Lynn Inman, LME Housing Specialist announced Community Resource Fair will be held on Thursday, May 22, 2008 at the National Guard Armory from 3pm – 6:30pm.</p> <p>Event Sponsors: Alamance Job Link Partners & System of Care</p>	Action: Please post flyer at your provider agencies.		Open
LME Updates	<p>The following LME Updates were given:</p> <p><u>Billing/Reimbursement Department</u> – Memo was distributed to all providers with the following information-</p> <p>The schedule for submission of services is as follows:</p> <p><i>All July 2007- April 2008 IPRS services must be submitted to the LME no later than Friday, June 6, 2008</i></p> <p><i>All May 2008 IPRS services must be submitted to the LME no later than Friday, July 25, 2008</i></p> <p><i>All June 2008 IPRS services must be submitted to the LME no later than Friday, August 22, 2008.</i></p> <p>IPRS Services for the current Fiscal Year2007-2008 will not be accepted beyond the above deadlines.</p> <p>2008/2009 Contracts have not been completed yet, due to changes at the Division level. Please continue to follow 2007-2008 contracts. We continue to work on final budget.</p>	Action: Please see important memos.		Open

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	<p><u>Hospital Follow Up</u> – Please see memo distributed to all providers regarding hospital follow up.</p> <p>Mr. Victor Armstrong reported:</p> <p>The LME is asking all providers to adhere to specific guidelines that were set between LME and State facilities -</p> <p>For all providers who are referred consumers for hospital follow up:</p> <p>If the individual does not attend the scheduled aftercare appointment, make every reasonable effort to ensure attempts are made to reschedule according to the following guidelines. Within one week of the missed appointment there shall be a minimum of one (1) of the following:</p> <ul style="list-style-type: none"> a) A home visit b) A rescheduled office visits that the individual keeps, c) A phone conversation with the individual about the services offered, or d) At least three (3) documented attempts to contact the individual at his/her last known address. <p>It is the mission of this LME <i>"to assist individuals and families affected by mental illness, developmental disabilities, or substance abuse to develop their maximum potential for growth and maturity in dealing with everyday life."</i></p> <p>If you have any questions regarding these guidelines, please contact Victor Armstrong at 513-4200 ext. 4250 or via email varmstrong@acmhdds.org.</p>			
Next Meeting:	Thursday, July 17, 2008 @ 1:30pm in Rooms A & B on 1st Floor Human Services Building			

Respectfully Submitted By:

_____ Date _____
Carmen Morrow