

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

January 15, 2009

LME Staff Present: Helen Feroli, LME QI/PR Manager; Daniel Hahn, LME Chief Executive Officer; Bonnie Hill, LME QI Specialist; Jean Richardson, LME QI Support; Richard Bruton, LME QI Specialist; Barbara Docimo, LME QI Specialist; Jodi Meacham, LME QI Specialist; Alicia Graham, LME Clinical Director; Clayron McCain, LME IT Director; Kara Brown, LME Reimbursement Clerk; Suzanne Marens, LME UR Manager and Carmen Morrow, LME Provider Support.

Provider Staff Present: OE Enterprises, Just In Time Youth Services, Therapeutic Alternatives, Youth Haven Services, Alcohol & Drug Services, Easter Seals, Faith In Families, NC Mentor, Devereaux Residential Services, Harvest House, Hearthstone, Universal MH/DD/SA, Save Our Children Coalition, Triumph, Youth Builders, Children’s Home Society of NC, Visions Adolescence, Ralph Scott Life Services, Inc., Daystar, The ARC of NC, Carolina Behavioral Care, A New Vision Group Home, Inc., UCN-Teacch, Therapeutic Community Resources, A Better Path, and New Possibilities Home for Children.

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	<p>Mr. Daniel Hahn, LME Chief Executive Officer welcomed all Providers to the Forum. Mr. Hahn wished all providers Happy New Year. He discussed the following:</p> <p><u>MH Transformation</u> – please continue to speak with the LME regarding challenges regarding payments, etc.</p> <p><u>Budget</u> – Governor Easley called for all agencies to reduce their budgets. The LME budget was cut as follows:</p> <ul style="list-style-type: none"> • LME - \$170k approximately and Service Provision - \$700k <p>ACR LME continues to remain solvent and we have followed all guidelines and parameters for long term viability.</p> <p>Mr. Hahn turned the meeting over to Ms. Helen Feroli. Ms. Feroli announced to providers that Ms. Linda Jones who has facilitated the Provider Forum for years has resigned and is now working with Alamance Co. Department of Social Services. She will be thoroughly missed through our agency.</p>			Closed

AGENDA ITEM	DISCUSSION/CONCLUSION	ACTION/NEXT STEPS	RESPONSIBLE PERSON	STATUS
<p>Target Pop Updates</p>	<p>Ms. Helen Feroli, LME QI/PR Manager reported on the following: Please see the following memo: <i>New LME Consumer Admission & Discharge Form and Target Population</i>.</p> <p>The following updates were shared with providers. They were as follows:</p> <p>The Division has released the revised 12/31/08 copy of the new <i>LME Consumer Admission & Discharge Form</i> – you can find a copy on the Division website.</p> <p>This form is required to be completed by providers within 30 calendar days of any service initiation or service provision for any publicly funded DH/DD/SAS consumer, and at completion of an episode of care (discharge).</p> <p>Consumer admission information is required to be completed on all consumers served and updated periodically when new consumer data is collected or when existing data is modified. Discharge data is required to be completed at the conclusion of an LME episode of care.</p> <p>The new required target population eligibility is included in these forms. This form should be completed for new admissions effective immediately and will replace the Client Identification Face Sheet.</p> <p>The ACR LME will be reassigning a target population for consumers whose target population group has been eliminated. The current expiration data will remain in effect. Thus providers will be required to complete the new target population eligibility form for these new consumers upon expiration of the date on record.</p> <p>Please note the following revisions to the IPRS Target Populations:</p> <p><u>Adult with Mental Illness (AMI)</u> – consolidates AMSPM, AMSMI, AMDEF and PATH or AMPAT.</p> <p><u>Adult Substance Abuse Treatment and Recovery (ASTER)</u> – consolidates the former ASTER, ASHMT, ASDWI, ASDHH and ASHOM.</p> <p><u>Child Mental Health Seriously Emotionally Disturbed (CMSED)</u> – consolidates the former CMSED, CMMED, CMDEF, and PATH or CMPAT.</p>	<p>Action: Memo will be placed on the LME website. Target Pop Assignment Worksheets will be placed on the website.</p>		<p>Open</p>

AGENDA ITEM	DISCUSSION/CONCLUSION	ACTION/NEXT STEPS	RESPONSIBLE PERSON	STATUS
	<p><u>Child with a Substance Abuse Disorder (CSSAD)</u> – consolidates the former CSCJO, CSWOM, and CSDWI.</p> <p>There are two new Target Populations –</p> <ul style="list-style-type: none"> • Adult Mental Health Veteran & Family (AMVET) • Child Mental Health Veteran & Family (CMVET) <p>The LME will not automatically reassign consumers who are currently enrolled in the following target populations who have been eliminated: CSIP, CSSP, or CDF. <i>Consumers who are currently enrolled in either of these target populations must have a new target population eligibility form completed and submitted to the LME no later than February 28, 2009.</i></p> <p>It is essential that providers document the consumer’s target population eligibility in the consumer record; this includes consumers who are automatically reassigned by the LME. This documentation will be reviewed during site visits and post payment reviews. The ACR LME has attached Target Population Assignment Worksheets and will be posted on the LME Provider website (www.acmhdds.net) by January 20, 2009. (Please see handouts – One packet for each agency).</p> <p>Please contact Jean Richardson at ext. 4228 for any questions. Or, you can contact Jean Gibson at ext. 4142 Provider Liaison.</p>			
<p>Implementation of Provider Monitoring</p>	<p>Ms. Bonnie Hill, LME QI Specialist reported on the following: Please note memo: <i>What to Expect from an LME Monitoring.</i></p> <p>Local Provider monitoring is conducted by ACR LME for the following providers of publicly funded services:</p> <ul style="list-style-type: none"> • Category A – 24-hr. residential facilities, day treatment, and outpatient services except for hospitals. • Category B – Community Based Providers that do not require a state license. (General Statute 122 C. Article 2) <p>The frequency and extent of monitoring is determined by the Frequency and Extent of Monitoring (FEM) tool. This is a desktop review that is completed the monitoring team after the endorsement review is completed.</p>	<p>Action: Please see memo</p>		<p>Closed</p>

AGENDA ITEM	DISCUSSION/CONCLUSION	ACTION/NEXT STEPS	RESPONSIBLE PERSON	STATUS
	<p>The FEM document can be found on the website at: http://www.dhhs.state.nc.us/mhddsas/providermonitortool/index.htm</p> <p>Providers are monitored at a minimum of once every three years, and as frequently as twice a year. For New Providers, we will probably come monitor at least twice a year. The results of the monitoring reviews may be shared with other LMEs, the Division of MH/DD/SAS or DHSR.</p> <p>Prior to the monitoring review – The LME may request documentation to help the process such as:</p> <ul style="list-style-type: none"> • Documents from your policy & procedure manual • Each agency must provide a name and phone number of a contact person who will represent the agency during the site review as well as follow up activities, if needed. • Ensure that there is a space for the reviewers to work and a private place to conduct interviews of staff and/or consumers and/or family members. <p>During the monitoring, providers will be asked to have the following information available:</p> <p><u>Consumer Records:</u> The LME will provide a list of consumers prior to the review. The number in the sample will be based upon the number of services provided by the agency.</p> <p><u>Personnel Files:</u> the LME will review a sample of personnel records including training records. If possible, include the records of the staff that work with the consumers chosen for review.</p> <p><u>Other Items include:</u></p> <ul style="list-style-type: none"> • Policy & Procedure Manual • QM/QI Plan – include minutes for the past year and any data collected from QI projects. • Human Rights – include meeting minutes from the past year • Incident Reports – All Level I incidents for the past year • Restrictive Intervention Logs for the past year. <p>All preliminary finds will be shared with the agency before the reviewers leave the facility. A detailed, written report will be sent to the provider</p>			

AGENDA ITEM	DISCUSSION/CONCLUSION	ACTION/NEXT STEPS	RESPONSIBLE PERSON	STATUS
	<p>within 10 working days. All data gathered at review is entered into a database and a report is generated informing the agency of recommendations or plans or correction if needed.</p> <p>Not responding to, or not correcting items cited in the report, within the time frame specified in the letter, may result in action taken by the LME to withdraw endorsement to provide enhanced services.</p> <p><u>Question: Do you send results of the FEM?</u> <i>Answer: The LME will send the provider a note sheet, but the not the results of the FEM Tool.</i></p> <p>Any other questions on monitoring, please contact Bonnie Hill ext. 4172.</p>			
LME Updates	<p>Ms. Feroli gave the following LME Updates. They were as follows:</p> <p><u>Implementation Update #52</u> – Please check the Division website for this update.</p> <p>Please note: <u>Community Support Services – Tiered Rates</u> – This will change the payment methodology of Community Support services from a blended rate to a tiered rate based upon the individual qualifications of the staff providing the service. The rate changes are effective January 1, 2009.</p> <p>The rates associated with the four levels of staff credentials which are:</p> <ul style="list-style-type: none"> • Qualified Professional – Licensed • Qualified Professional – Unlicensed • Associate Professional • Paraprofessional <p>have been approved by the DHHS Rate Review Committee and CMS. Please note the final rates represent a change from the proposed rates that were posted on the DMA website.</p> <p>CIS providers billing for CS services are required to apply the new secondary modifiers on claim submissions for procedure code H0036 in addition to the required primary modifier:</p> <ul style="list-style-type: none"> • H0036 HA – Community Support Child • H0036 HB – Community Support Adult 	Action: Please see important information on the website.		Open

AGENDA ITEM	DISCUSSION/CONCLUSION	ACTION/NEXT STEPS	RESPONSIBLE PERSON	STATUS
	<ul style="list-style-type: none"> • H0036 HQ – Community Support Group <p>Authorizations for all CS services will continue at the aggregate level with payment at the detail level. Systematic adjustments will not be made to previously processed claims submitted with the secondary modifiers or for dates of service on or after January 1, 2009. Providers must resubmit the paid claim details as a new claim.</p> <p>Payment of the claim is driven by the second modifier. Errors in entering the correct second modifier could result in recoupment upon audit of medical records.</p> <p><u>NC-TOPPS Outcomes at a Glance Dashboard</u> – This dashboard allows the public to view and print graphs showing current State and LME information on meaningful outcomes for substance abuse and mental health consumers. The online dashboard is updated monthly.</p> <p><u>Accreditation Update</u> –</p> <p><u>Targeted CM Services</u> – DMA is in the final process of resubmitting a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) for Targeted Case Management (TCM). Included in that SPA are requirements that TCM providers directly enroll with DMA and that they achieve national accreditation. When this is approved & implemented, all directly enrolled providers of TCM services will be required to become nationally accredited within one year of their effective date of enrollment in the Medicaid program.</p> <p><u>CAP MR/DD Waiver Services</u> – If a provider of CAP services has obtained national accreditation before the effective date of the new waiver, November 1, 2008, DMH/DD/SAS has determined that the provider does not have to obtain additional CAP service specific accreditation for the individual services offered by the provider until the next regular accreditation review by the accreditation agency.</p> <p>A few modifications were made to the requirements for some of the services that pre-dated the new waiver. These modifications are the addition of the following:</p> <ul style="list-style-type: none"> • Staff qualifications & Training Requirements including: GED or HS Diploma, First Aid/CPR Training/Certification and training regarding 			

AGENDA ITEM	DISCUSSION/CONCLUSION	ACTION/NEXT STEPS	RESPONSIBLE PERSON	STATUS
	<p>the core competencies.</p> <p>If an organization already has national accreditation as a MH Provider and the accrediting body does not have standards to accredit CAP, the Division of MH will work with the accrediting agency to determine the best solution to minimize the expense on the provider to obtain a new accreditation as long as a solution can be worked out which does not compromise the integrity of the national organizations standards for accreditation.</p> <p>If a provider organization is not yet accredited, the provider should choose the accrediting organization whose service standards best match the services the provider offers & achieve national accreditation within the one year statutory requirement.</p> <p><u>Human Rights Committee</u> – the LME is actively recruiting for the Human Rights Committee. The Human Rights Committee meets every quarter. If you know of any parents or consumers who are interested, please contact Ric Bruton at ext. 4224 or rbruton@acmhdds.org.</p> <p><u>CIT Training</u> – The next Crisis Intervention Team Training is very soon. The next training date is the week of February 16th at Rockingham Community College.</p> <p>CIT is a community partnership consisting of law enforcement officers, MH providers and MH consumers and family members. The overall goal of the CIT Training program is to treat mental illness as a disease, not a crime. The objective is to stabilize the crisis and get the consumer to the appropriate resource for appropriate care.</p> <p>Currently, ACR catchment area has a total of 48 CIT Trained officers. In the past, we have requested from providers some incentive items such as: pens, cups, etc. to use incentives for officers during Q&A sessions. Ms. Feroli asked the providers if they could provide some trinkets and also some brochures from their agencies to have available for officers.</p> <p>The LME also uses local providers as Role Play actors – to act scenarios for officers of which they are evaluated. If interested, please contact Ric Bruton ext. 4224, Carmen Morrow ext. 4108 or Helen Feroli ext. 4227.</p>			

AGENDA ITEM	DISCUSSION/CONCLUSION	ACTION/NEXT STEPS	RESPONSIBLE PERSON	STATUS
	<p><u>Quarterly Reports</u> – If providers have not submitted their quarterly reports, please do so NOW. Please submit all forms to Rhonda Long.</p> <p><u>Question: Who do we contact at the LME regarding VO Authorization Report?</u> <i>Answer: Please contact Tracy Finch in the Access Dept. at ext. 4118.</i></p>			
Next Meeting:	Thursday, March 19, 2009 @ 1:30pm in Rooms A & B on 1st Floor Human Services Building			

Respectfully Submitted By:

_____ Date _____
 Carmen Morrow