

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

March 19, 2009

LME Staff Present: Alicia Graham, LPC, LME Clinical Director; Bonnie Hill, LME QI Specialist; Barbara Docimo, LME QI Specialist; Jodi Meacham, LME QI Specialist; Larry Aggers, LME Finance Officer; Victor Armstrong, LME Care Coordination Manager; Suzanne Marens, LCAS, LME UR Manager and Carmen Morrow, LME Provider Relations.

Division Staff Present: Yvonne French, Division Liaison from DMH/DD/SAS

Provider Staff Present: OE Enterprises, Therapeutic Alternatives, Youth Haven Services, Alcohol & Drug Services, Easter Seals, NC Mentor, Harvest House, Universal MH/DD/SA, Triumph, Youth Builders, Ralph Scott Life Services, Inc., The ARC of NC, Rockingham Opportunities, Inc., Solutions CSA, Psychotherapeutic Services, Inc., Building Futures, Mental Health Association of NC, Community Support Services, LLC., Hope Farm Residential Services, Caring Family Network, and Children's Home Society of NC.

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. Alicia Graham, LME Clinical Director welcomed all providers to forum.			Closed
System of Care Presentation	<p>Ms. Linda Jones, Alamance Co. Department of Social Services System of Care Coordinator and Mr. Lynn Inman, LME System of Care Coordinator presented on the following items:</p> <ul style="list-style-type: none"> • Dispute Settlement will offer neutral facilitators for Child & Family Team meetings. Please contact Dispute Settlement at 227-9808 or Lynn Inman, SOC at the LME for any questions. • "What's Up Breakfast" will be held on Friday, April 3rd from 8am – 10:30am. This is a great networking opportunity. The breakfast will be held at Ray Street Conference Room at Ray Street Facility in Graham, NC. • Child Facilitators Training will be held very soon in Caswell County. We already have 36 participants registered. 	Action: Contact Lynn Inman or Linda Jones for questions regarding SOC.		Closed

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	<p>SOC Update: Goal of System of Care (Philosophy) – Prepare Families for Child & Family Teams – encourage natural supports. <u>Keep Children</u></p> <ul style="list-style-type: none"> • At Home • In their school • In their community <p>Before care review – If you are anticipating out of home placement:</p> <ul style="list-style-type: none"> • Exhaust all other options • Come to Care Review • Seek placement in Alamance County <p>Also keep in mind: Try Therapeutic Foster Care Level II</p>			
<p>NC S.T.A.R.T Presentation</p>	<p>Mr. David Sykes, LME DD Coordinator introduced Jarret Stone, Regional Director for NC START program for Easter Seals. Mr. Stone introduced NC START staff and presented the following:</p> <p><u>What is NC START?</u> The NC START (North Carolina Systemic, Therapeutic Assessment, Respite and Treatment) program is exclusively available to serve adults (age 18 y/o and above) that have a primary diagnosis of Developmental Disability (DD) and extreme challenging behaviors, often with a co-occurring mental illness.</p> <p>The program is divided into three regions (East, Central and West) and each region consists of two clinical teams and one respite home. All teams provide 24/7 crisis response and consultation as well as on-going preventative cross systems crisis planning for eligible individuals. The crisis prevention component also involves working with the existing DD and mental health systems of care to provide technical assistance, consultation and support when working with individuals eligible for NC START.</p> <p>The clinical teams will continue to work with referred individuals and their service/support system up to one year following a referral. Within the year, the START team will work with the individual and their system of services and supports to systemically prepare for crises and reduce the frequency of</p>	<p>Action: Please see handouts for referral information.</p>		<p>Open</p>

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	<p>restrictive interventions, hospital admissions and overall crisis events.</p> <p>The NC START regional respite homes each have two beds reserved for eligible individuals in crisis and two beds reserved for planned caregiver respite of eligible individuals (4 beds total). Access to the respite home will be governed by the regional clinical teams and respite directors.</p> <p>Central Regional is designated for this catchment area.</p> <ul style="list-style-type: none"> • START Teams are in Durham and Greensboro. • START Respite is in Creedmoor (Franklinton) <p>Durham Center is the lead LME for NC START and Easter Seals UCP is the provider of service.</p> <p><u>How do I refer an individual?</u></p> <p>Referrals to NC START for eligible individuals can be made by anyone known to the individual with an understanding of the individual's current status and treatment, support and behavioral history and the applicable legal consent for referral. Referral sources often include the following:</p> <ul style="list-style-type: none"> • Individuals themselves • Parents & other natural supports • Legal guardians • LME Staff • Case Management provider staff • Mobile Crisis management • Clinical home provider staff • Hospital staff • Community MH provider staff <p>Referrals for eligible individuals not experiencing crisis at the time of referrals should be made during business hours (8am – 5pm) to appropriate NC START team access number. Referrals for individuals experiencing crisis at the time of referral may be made at any time of day/night to appropriate NC START team access number.</p> <p><u>Important Numbers for Central Region</u> are: 919-865-8730 1-800-662-7119 ext. 8730 NC START Fax (Durham) 919-226-0026 NC START Fax (Greensboro) 336-370-4361</p>			

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	<p>Email: ncstartcentral@nc.eastersealsucp.com</p> <p>Handouts Distributed:</p> <ol style="list-style-type: none"> 1. NC START: FAQ – Accessing NC START Services 2. NC START Screening & Referral Form 			
LME Updates	<p>The following LME Updates were announced to Providers. They were as follows:</p> <p>Ms. Bonnie Hill announced: <u>Wilson & Associates Consulting, Inc.</u> is available to help providers with cost reporting requirements. The Cost reporting is due by December 31st. Please see flyer.</p> <p><u>Community Support QP Standard –</u></p> <p><u>Effective March 1, 2009</u> Community Support (CS) providers must meet a 35% QP service measure.</p> <p><u>September 1, 2009</u> – CS providers must meet 50% QP service measure. Ms. Yvonne French, Division Liaison added the 50% goes into effect in September, but will not be monitored until October.</p> <p>There are two measurements in place for LMEs to utilize to determine compliance:</p> <ol style="list-style-type: none"> 1. Monthly reports that indicate the provider meets the 35%/50% benchmarks 2. Three month aggregates to indicate that the average over 3 months meets the appropriate benchmark. <p>In order to facilitate the transition from increases in benchmarks and recognizing the lag between service dates and paid claims dates – please follow the direction as follows:</p>	Action: None – Please continue to check Division website for updates.		Closed

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	<p>All individual monthly reports will need to meet the requirements below:</p> <table border="1" data-bbox="348 250 1236 683"> <tr><td>December 2008</td><td>25%</td></tr> <tr><td>January 2009</td><td>25%</td></tr> <tr><td>February 2009</td><td>25%</td></tr> <tr><td>March</td><td>35%</td></tr> <tr><td>April</td><td>35%</td></tr> <tr><td>May</td><td>35%</td></tr> <tr><td>June</td><td>35%</td></tr> <tr><td>July</td><td>35%</td></tr> <tr><td>August</td><td>35%</td></tr> <tr><td>September</td><td>50%</td></tr> <tr><td>October</td><td>50%</td></tr> <tr><td>November</td><td>50%</td></tr> <tr><td>Ongoing</td><td>50%</td></tr> </table> <p>For the months of March, April and May, if any monthly report does not indicate 35% - a Plan of Correction (POC) will be issued by the LME.</p> <p>For the months of September, October and November, if any monthly report does not indicate 50%, a POC will be issued by the LME.</p> <p>Aggregate reports for the following months and the associated percentages must also be met:</p> <table border="1" data-bbox="348 976 1236 1469"> <tr><td>December 2008, Jan. 2009, Feb 2009</td><td>25% aggregate</td></tr> <tr><td>January 2009, Feb 2009, March 2009</td><td>25% aggregate</td></tr> <tr><td>February 2009, March and April 2009</td><td>25% aggregate</td></tr> <tr><td>March 2009, April & May 2009</td><td>25% aggregate</td></tr> <tr><td>April 2009, May & June 2009</td><td>35% aggregate</td></tr> <tr><td>May 2009, June & July 2009</td><td>35% aggregate</td></tr> <tr><td>June 2009, July & August 2009</td><td>35% aggregate</td></tr> <tr><td>July 2009, August & Sept. 2009</td><td>35% aggregate</td></tr> <tr><td>August 2009, Sept. & Oct. 2009</td><td>35% aggregate</td></tr> <tr><td>September, October & Nov. 2009</td><td>35% aggregate</td></tr> <tr><td>October, November & Dec. 2009</td><td>50% aggregate</td></tr> <tr><td>Ongoing</td><td>50% aggregate</td></tr> </table>	December 2008	25%	January 2009	25%	February 2009	25%	March	35%	April	35%	May	35%	June	35%	July	35%	August	35%	September	50%	October	50%	November	50%	Ongoing	50%	December 2008, Jan. 2009, Feb 2009	25% aggregate	January 2009, Feb 2009, March 2009	25% aggregate	February 2009, March and April 2009	25% aggregate	March 2009, April & May 2009	25% aggregate	April 2009, May & June 2009	35% aggregate	May 2009, June & July 2009	35% aggregate	June 2009, July & August 2009	35% aggregate	July 2009, August & Sept. 2009	35% aggregate	August 2009, Sept. & Oct. 2009	35% aggregate	September, October & Nov. 2009	35% aggregate	October, November & Dec. 2009	50% aggregate	Ongoing	50% aggregate			
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	<p>Beginning with the 3 month period of April, May, June 2009, if any aggregate report does not indicate meeting the 35% benchmark, endorsement will be withdrawn.</p> <p>Beginning with the 3 month period of October, November, December 2009, if any aggregate report does not indicate meeting the 50% benchmark, endorsement will be withdrawn.</p> <p>Incident Reports – Ms. Barbara Docimo, LME QI Specialist announced to providers incident reports will go online effective July 1st. LMEs will not be trained until April. We will continue to keep all providers updated.</p> <p>UR/STR – Ms. Suzanne Marens, LCAS, LME UR/STR Manager reported on the following:</p> <p><u>URAC Accreditation</u> – the LME is in the process of URAC Accreditation.</p> <p><u>Rockingham</u> – Effective July 1st, Rockingham will no longer be a part of the LME. The LME will not accept any authorizations after June 30, 2009. The transition process has started with Centerpoint LME and we will continue to keep providers abreast of any changes. Due to large amount of questions, Ms. Marens requested all providers email questions directly to her to start a dialogue at smarens@acmhdds.org.</p> <p><u>Billing Department</u> – Please see memo regarding Medicaid Claims Data. If you are in need of Medicaid Claims Data, please complete the attached form and send it to Teresa Arrwood. Providers must indicate the Date Range requested (both payment date range and dates of service range). Handout: Medicaid Claims Data Request Form</p>			
<p>Financial Updates</p>	<p>Mr. Larry Aggers, LME Chief Finance Officer reported on the following financial updates. They were as follows:</p> <p>Mr. Aggers announced he is in the final stages of completing financial analysis regarding re-allocation of dollars. Certified letters will be forthcoming to providers.</p> <p>If you are experiencing any billing issues, please contact Mr. Aggers at (336) 513-4200 ext. 4100 or email lagggers@acmhdds.org.</p>	<p>Action: Contact Mr. Aggers for any questions.</p>		<p>Open</p>

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	<p>If billing is over 60 days old, please contact Mr. Aggers and he will try to help get problems resolved with IT/Billing Department.</p> <p>The LME will submit a list of Rockingham providers to Centerpoint LME for contract/MOA purposes. For all Rockingham providers, you will need to contact Centerpoint LME after June 30, 2009. We are very hopeful this will be a smooth transition.</p> <p><u>Question: If you already have an existing contract with Centerpoint do your services transfer over? Is it expected that Centerpoint will honor the same services that ACR LME honored?</u> <i>Answer: We have not had discussions as of yet, but we will continue to keep you abreast as we become aware. Transition teams between the two LMEs will begin meeting early next week.</i></p>			
<p>Division Updates</p>	<p>Ms. Yvonne French, Division Liaison gave the following updates:</p> <p>Ms. French provided clarity regarding the QP service requirements. 35% goes into effect in March, but LME will not monitor until April. There has to be a month lag time.</p> <p><u>Implementation Update #54</u> – DHHS Awards Contract for Replacement MMIS – the contract has been awarded to Computer Sciences Corporation (SCS) to develop and implement a replacement Medicaid Management Information System (MMIS) in support of healthcare administration for multiple agencies. DMA will assume the administration of the NC Health Choice Program in 2010, and Health Choice claims processing and operation support will be part of the replacement MMIS multi-payer environment at start up in 2011. More details will be available in next implementation update.</p> <p><u>Question: Is the QP requirement cumulative for all consumers?</u> <i>Answer: No, it is aggregate not cumulative.</i></p> <p><u>Question: What do you do if you continue to have problems with Value Options?</u> <i>Answer: If you have gone through the normal process – contact the Program Manager at Value Options website.</i></p>	<p>Action: See Implementation Update #54</p>		<p>Closed</p>

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Next Meeting:	Meeting was adjourned. The next Provider Forum will be held on <i>May 21, 2009 at 1:30pm in Education Rooms A & B, HSC Building.</i>	None		Closed

Respectfully Submitted By:

_____ Date _____
 Carmen Morrow