

PROVIDER NEWS

LME asks Providers to Complete and Return Service Grid



Your agency should have received, completed and returned the “New Service Definitions Provider Service Grid” that Lindsey Jeffries of the Alamance-Caswell LME e-mailed to all of our current contract providers on June 13. Some agencies with invalid e-mail addresses may have received the form through the (snail) mail.

The form is a simple, one-page checklist designed to identify what services you plan to provide and which disabilities, age groups, and counties you plan to target. You can also use the form to update your e-mail address.

This form is essential in helping

the LME assess the capacity of our current service providers, as well as determine what services are currently in place, what service gaps exist, and what service providers the LME needs to locate in order to fill those gaps.

For clarification regarding service definitions, please refer to the Division of Health and Human Services website or visit <http://www.dhhs.state.nc.us/dma/propose.htm> to find the link.

If your agency has not completed or did not receive the form, please contact Linda Jones at 336-513-4222 or ljones@acmhdds.org immediately.

Town Meeting Set For August 3

The NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services will host a Town Meeting August 3, 2005 from 6:30-8:30 p.m. at the Paramount Theatre, 128 East Front St. in Downtown Burlington.

The purpose of this meeting is to share information and listen to con-

cerns about mental health system reform. Service providers, community stakeholders, and consumers and their family members are encouraged to attend and ask questions.

For more information, contact Karen Webb at 336-513-4221 and kwebb@acmhdds.org.

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QI in Behavioral Healthcare

The mere mention of the words *quality improvement* (QI) can evoke dread in the hearts and minds of many. QI is often thought of as busy work or confused with quality *assurance*. However, QI is much more beneficial than most realize. QI can improve quality, remove inefficient policies, improve processes, decrease frustration and increase everyone's satisfaction!

QI can be used to improve both the clinical and operational aspects of an organization, by increasing the use of preventative services, improving billing accuracy, improving access to services and even decreasing patient wait times.

QI is not limited to numbers, raw data and billing. QI should be about making a difference where it counts, by making agencies more responsive. Some agencies have even used QI projects to do things like improving the appearance of the lobby.

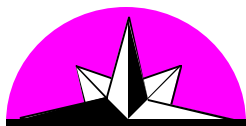
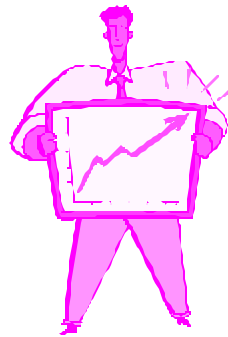
Because QI is concerned with making the *process* better (versus blaming

others), it does require that the staff understand the processes that are currently in place, the barriers to those processes, and the desire for things to change and improve.

However, there is not an individual in the organization that can do QI alone. There is not a person who knows everything there is to know about the organization and all the facets of the organization. For the QI process to be successful, everyone must work together as a team. When a team works together, everyone will be able to understand how everything relates. Then the

root cause of a problem can be determined and fixed. Before a problem can be fixed, a goal must be identified, a set of criteria for judging improvements and a way to track changes must be determined. Once those items have been put into place, bringing about change is possible.

For more information about QI, contact Amy Stevens, the LME's QI Manager, at 513-4200 ext. 4800.



How light
and portable
my pain
seems now...

—
Edgar from
King Lear,
Act 3, Scene 6

CAP Waiver

Preparations for implementation of the new CAP-MR/DD Waiver continue with an implementation date of September 1, 2005. LMEs and currently enrolled CAP Providers will continue to be enrolled in the new waiver. Most of the services in the new waiver cross-walk from the existing waiver, except Day Supports and Residential Supports. Provider agencies that wish to

provide those services are required to add those services to their current CAP enrollment. Additionally, case managers will need to revise Plans of Care and issue new service orders to provider agencies for all CAP services.

For more information regarding these new requirements, contact David Sykes, local approver, at 336-513-4200 ext. 4177 or dsykes@acmhdds.org.

Crisis Number For Providers

Dr. Carman Gill of the LME's Crisis Team would like to remind our many kind providers that the most efficient way to contact the crisis team is to call the new **336-213-3604** number and speak directly with an on-call crisis clinician. Be warned that all of the other crisis phone numbers connect directly to the Access Department not the Crisis Team.

This new number is for **providers only** and **not** for **consumers**. This number will ensure that a provider gets to speak immediately with an on-call



crisis clinician, rather than leaving a voicemail for Michael Covington (who may be vacationing in the south of France) or Kathy Kershaw (who may be bedridden with mononucleosis).

In addition to the new provider number (**336-213-3604**), Carman would like to remind our many fashion-conscious providers that the new fall line of Ferragamo is fabulous, but it's Manolo Blahnik that will have your officemates purrrring like kittens with a bellyful of cream.

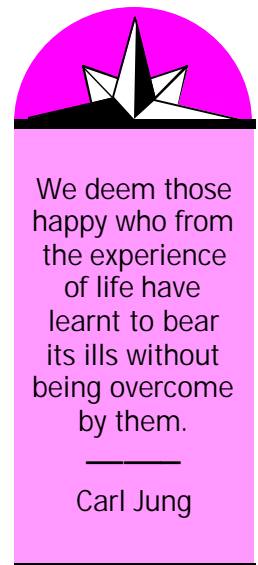
Norman Melton Wins Award

In June, Norman Melton received the N.C. Council of Community Program's 2005 Area Board Members Leadership Award, to honor his commitment to those in need of mental health, developmental disabilities and substance abuse services.

Norman has been a member of the Alamance-Caswell Area Board since

2001. He also serves on the Consumer and Family Advisory Committee and has served as president of the Alamance Chapter of National Association for the Mentally Ill for the past 6 years.

Norman's lovely wife, Gloria, has yet to comment, "Behind every good Norman is a woman, named Gloria, telling him what to do."



We deem those happy who from the experience of life have learnt to bear its ills without being overcome by them.

—
Carl Jung

Hurrah! Medicaid Audit in November

The LME is excited to announce that our Medicaid Audit is scheduled for November 1-3. This time the events being audited include Y Codes, CAP, MAJORS, ATYP, and Residential Treatment. The audit may cover any service provided on any date between July 1, 2004 and April 30, 2005. Make sure your records are up to date!

A sample of the audit information

will be mailed in mid October. If your agency is lucky enough to be selected, the LME will contact you to arrange for you records to be reviewed. Keep your fingers crossed and maybe your agency will be selected!

For more detailed information, access the Medicaid Audit tools and instructions posted at <http://www.dhhs.state.nc.us/mhddsas/>.

UM Timelines & Reminders

Timeframes for UM Decisions

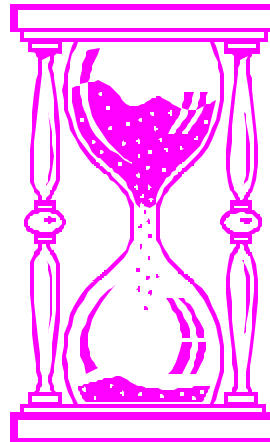
The LME is under timeliness standards for Utilization & Management (UM) decisions. Therefore, once a request for an authorization is received, UM must make decisions according to the standards set forth by the State of North Carolina and the Utilization Review Accreditation Commission (URAC). URAC is an independent, nonprofit organization committed to promoting health care quality through accreditation, certification and other quality improvement activities.

Their standards are based primarily on the *urgency of a clinical situation*. For example, if a request for authorization is for acute care, the decision must be made by the next business day. However, if a request is for outpatient care, UM has five business days to make the decision. Generally speaking then, if a request is marked *urgent*, it will be handled as soon as possible, but it will have to wait until clinically urgent requests are handled first.

Incomplete Requests for Authorization

When a provider contacts the LME with an authorization request, be sure the information presented is complete. Even when requests are incomplete, the LME is still required to respond within the appropriate timeframe and may be forced to issue a denial. Up to now, the LME has been returning incomplete Outpatient Treatment Re-

quests (OTR) to providers and waiting for information to be received even if it is beyond the five-day timeframe. However, we can no longer continue to do so, as that practice puts us out of compliance with our timeliness standards for UM decisions. Effective immediately, the LME will issue a denial for OTRs that are incomplete or if additional information is requested and not received. Of course, any denial is subject to an appeal, but it is much more efficient for both the LME and provider if denials due to insufficient information can be avoided.



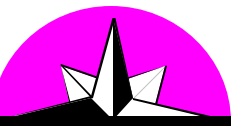
Reminders

Effective immediately, the LME will cease sending notifications to our network providers reminding them that a concurrent review is due.

Failure to Obtain Prior Authorization

The LME requires that providers obtain prior authorization (pre-certification or pre-authorization) *before* providing any care, other than emergency care. This requirement is documented in your contract with the LME, as well as in the Provider Manual. Failure to obtain prior authorization will result in an administrative denial. In the event that such a denial is issued, the consumer is held harmless.

For more information about UM guidelines, contact Alicia Graham, the LME's Access/Utilization & Management Manager, at 336-513-4200 ext. 4131 or agraham@acmhdds.org.



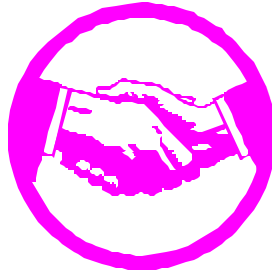
The ability to be in the present moment is a major component of mental wellness.

—
Abraham Maslow

Management Agreement Signed

Alamance-Caswell LME and Rockingham MHC have entered into an LME management agreement for Fiscal Year 2005-2006. Alamance-Caswell and Rockingham will transition LME functions throughout the year with all LME functions for the three-county catchment area being shifted to Alamance-Caswell by June 30, 2006.

Funding for LME functions as well as state and federal service dollars will



flow through the LME. Service Authorization and Contract Management services are in the first phase of the transition. With that comes endorsement, enrollment and service authorization for each service provider in the Rockingham County area. "We plan to have no disruption of support to providers or consumers during this transition period," said Dan Hahn, the Alamance-Caswell LME's CEO.

Provider Services Representatives

Jean Gibson and Julie Foster have been named as the Provider Services Specialists for the LME. Their duties consist of serving as the liaison between the LME and assigned contract providers, assisting with monitoring of contract compliance, providing and coordinating technical assistance, and training providers as needed. Their po-

sitions are intended to serve as the "first call" for non-consumer-specific issues. Letters of introduction have been mailed to all contracted providers.

In the event that your agency did not receive a letter of introduction, please contact either Julie Foster at 336-513-4200 ext. 4176 or Jean Gibson at 336-513-4200 ext. 4142.

Through our willingness to help others we can learn to be happy rather than depressed.

Gerald Jampolsky

Drop-In Center to Open in October

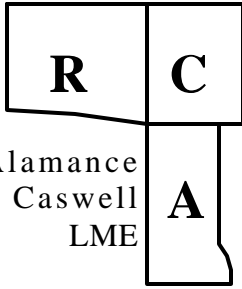
Alamance's new drop-in center is scheduled to open October 1. The center, which has been named *Donna's Place*, in memory of Donna Adamski, a longtime case manager at mental health, is located at 124 E. Pine St. in Graham, near the post office and Golden China Restaurant.

Members of the Community Support Team will work onsite, where they

will provide life skills instruction and group therapy to consumers and outreach to the homeless.

While *Donna's Place* will always have a staff presence onsite, the center will be run ultimately by the consumers themselves.

For more information on *Donna's Place*, contact Lee Hall-Worthington at 336-513-4111.



Alamance
Caswell
LME

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August Training Events

Quality Improvement and Human Rights

August 1, Monday 9 a.m. – 3 p.m.

To register contact: Marilyn Meeker at 336-513-4200 ext. 4220
or mmeeker@acmhdds.org by July 25

Provider Endorsement

August 8, Monday 9 a.m. – Noon

To register contact: Carmen Morrow at 336-513-4200 ext. 4108
or cmorrow@acmhdds.org by August 1

Access, Authorizations & Utilization Management

August 24, Wednesday 9 – 11 a.m.

To register contact: Lindsey Jeffries at 336-513-4200 ext. 4145
or ljeffries@acmhdds.org by August 17



Alamance-Caswell LME Phone Numbers

MAIN NUMBER

336-513-4200

(+ prompts/extension)

Direct Extensions.....+1 +4 +Ext

Departments/Services

Access to Services.....+1 +2
Appointments.....+1 +2
Contracts.....+1 +3 +2
Medication Calls.....+1 +2
Utilization/Management.....+1 +2

Crisis Call Lines

Consumer Only.....336-513-4444
Provider Only.....336-213-3604

Access/Utilization/Management

Alicia Graham.....Ext. 4131

Compliance Officer

Julianna Smith.....Ext. 4203

Consumer Affairs/CFAC

Karen Webb.....Ext. 4221

Provider Relations

Connie Windham.....Ext. 4900
Jean Gibson.....Ext. 4142
Julie Foster.....Ext. 4176
Linda Jones.....Ext. 4222
Lynn Inman.....Ext. 4226

Provider Contracts

Jandy Andrews.....Ext. 4419

Quality Management

Amy Stevens.....Ext. 4800
Bonnie Hill.....Ext. 4172