



ALAMANCE-CASWELL-ROCKINGHAM
LOCAL MANAGEMENT ENTITY

319 N. GRAHAM-HOPEDALE ROAD, SUITE A
BURLINGTON, N.C. 27217

Daniel S. Hahn, MA
Executive Director

Tel. (336) 513-4200
Fax. (336) 513-4422

David M. Carter
Chair, Area Board

To: Providers Serving Consumers in the Alamance/Caswell/Rockingham Catchment Area

From: Alicia Graham, LPC
UM Manager

Date: September 26, 2006

Re: Communication Bulletin # 14
Uniform Screening and Registration Form

Beginning October 1, 2006, the LME will begin using the *Uniform Screening and Registration form*, as required by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the Division of Medical Assistance. The standardized screening form **must** be used by all facilities performing screening, triage and referral. Please refer to the *Enhance Service Implementation Update #14: Uniform Screening and Registration*, for the form and complete instructions.

The link is provided below for your convenience:

<http://www.dhhs.state.nc.us/mhddsas/servicedefinitions/servdefupdates/dmadmh8-10-06update14.pdf>

In reviewing the form, note item #1 requires that you choose between:

- “*STR Only*”,
- “*Registration Only*”, or
- “*STR & Registration*”.

As a provider, you have the option of providing the screening, triage, and referral function (STR) or to have the Local Management Entity (LME) provide the function. **If you choose to be a provider of the STR function, your agency must be willing to accept all STR requests coming into the agency regardless of the consumer's status.** A system will also need to be in place that will enable your agency to make appointments with providers and to provide and document consumer choice.

Attached is a “***Service Request Provider Workflow***”, provided by the North Carolina Council. This is a good tool to have handy as we transition to the new form. It identifies:

- ***Items need to be completed and by whom,***
- ***When each section is to be completed, and***
- ***Where the form is to be faxed.***

Please note, under both the “Medicaid Consumers” and “Non-Medicaid Consumers” sections, the assumption is, that the consumer contacts the provider directly, by phone or walk in, and the provider does the screening. **If your agency does not provide the STR function, you may call the LME or direct the client to the LME for this function.**

If the consumer is referred to you by the LME, the STR portion of the form (Items A-J & 1-48) will already be completed and you will only have to submit the form after the consumer is seen and if they are a recipient of an enhanced benefit service. This means that you will check the “*Registration Only*” box, complete items A-J, & 49-55, and submit the form within **five days** of your face to face with the consumer. The form is to be sent to:

**Utilization Review/Screening Triage and Referral (UR/STR) Unit
Fax # (336)-513-4449**

Once you have completed the initial STR process, whether by your agency or through the LME, it will be required that any consumer billed through the LME continue to go through the LME Intake Process. This process has remained the same except for the ***Person-Centered Plan (PCP) Admission Form*** is to be used rather than the ***Form B***.

If the consumer is Medicaid, submit request for additional services to Value Options. If the consumer is a state funded consumer, submit your concurrent authorization request to the LME. Note this may be prior to the 30-day deadline of the ***PCP Admission Form***.

If further direction is needed, please feel free to contact the:

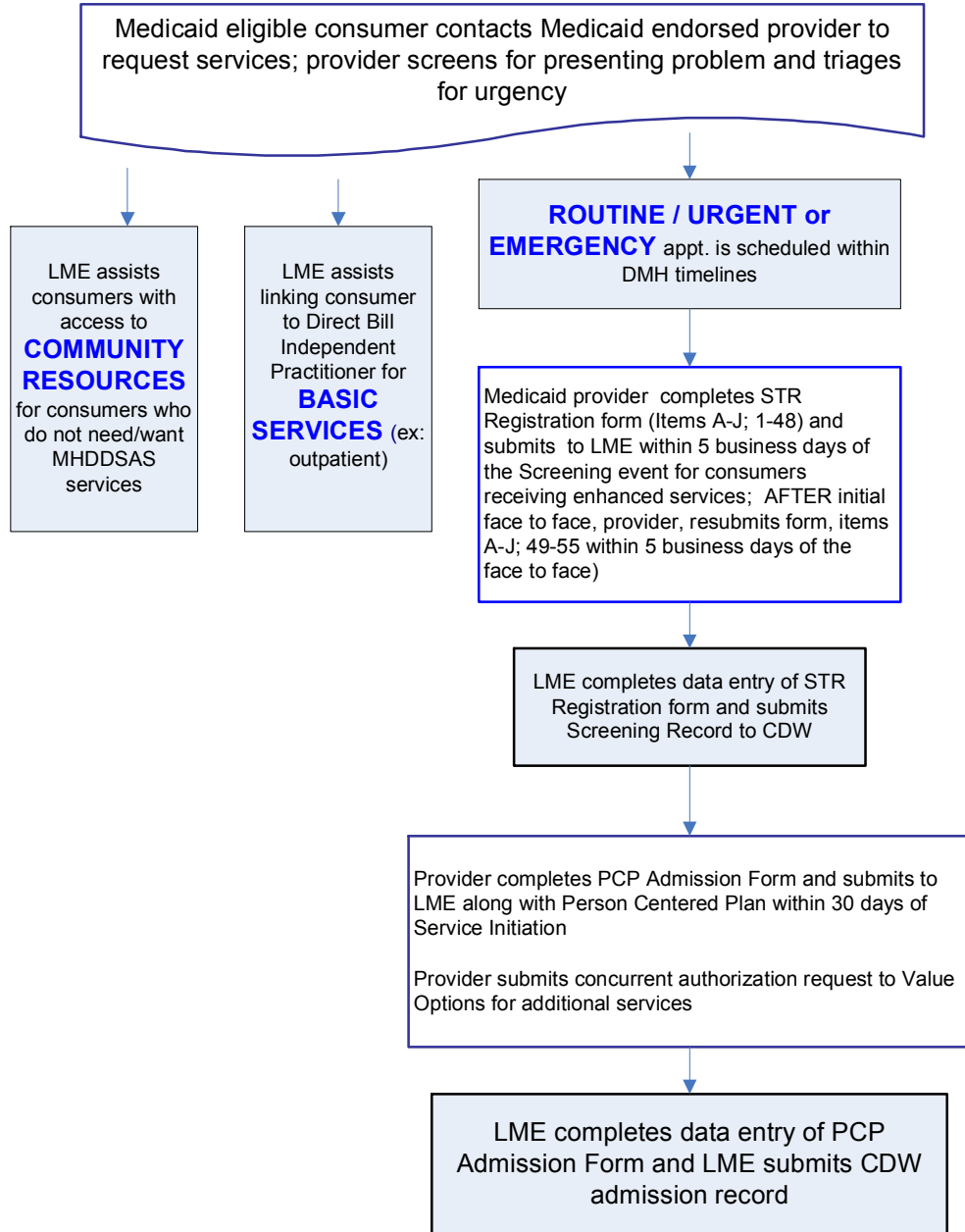
- UR/STR unit for the ***Uniform Screening and Registration Form*** and
- Medical Records Department for the ***PCP Admission Form***.

Thank you for your attention to this matter.

Attachment: ***Service Request Through Provider Workflow***

SERVICE REQUEST THROUGH PROVIDER WORKFLOW

MEDICAID CONSUMERS



NON-MEDICAID CONSUMERS

