



**MECKLENBURG COUNTY**  
**Area Mental Health, Developmental Disabilities and**  
**Substance Abuse Services**  
February 26, 2010

***PROVIDER HOT SHEET***

- ⇒ **InfoShare** – The next Mecklenburg County AMH Provider InfoShare is scheduled for Wednesday, March 3, 2010, 9:00 – 11:00 in the Fellowship Hall at Covenant Presbyterian Church, 1000 E. Morehead Street in Charlotte. All contract and MOA providers are required to attend.
- ⇒ **The Provider Council General Membership** meeting will be held immediately after InfoShare at the same location listed above. Please mark your calendars and plan to attend.
- ⇒ **New Person Centered Plan Format** – Effective March 1, 2010, the new Person Centered Plan format **MAY** be used **when the next annual re-write of the PCP is due**. Beginning July 1, 2010, the new format **MUST** be used **when the next annual re-write of the PCP is due**. [Person Centered Plan Format](#).
- ⇒ **Effective March 1, 2010 DMA will change the policies described below** for the following programs: CAP/DA, CAP/Choice, CAP/C, CAP/MR-DD, Targeted Case Management for DD Consumers:
- Current authorizations with effective dates prior to March 1, 2010, will continue as authorized until the next annual continued need review (CNR) or annual review. At that time, a three hour/12 unit limit per month policy will be applied for the next reauthorization or CNR.
  - Effective March 1, 2010, prior authorization of case management services for adults on the Supports and Comprehensive waivers will not be required. These adults will be eligible for up to three hours/12 units monthly as well as the additional 24 units for assessment, planning, and crisis management annually.
  - Non-waiver adults will continue to require prior authorization and may be authorized for up to three hours/12 units per month and no more than six additional hours/24 units annually if needed for completing an assessment, completing a reauthorization or continued need review, or for a crisis/emergency situation. Should a case manager submit a request for a non-waiver recipient that exceeds the 3 hour per month policy limits, the case will be reviewed to determine how many hours/units are necessary to meet the recipient's needs (one, two, or three hours per calendar month and/or six or less additional hours if needed for completing an assessment, completing a reauthorization or continued need review, or for a crisis/emergency situation within 365 days).
  - Effective March 1, 2010, prior authorization of case management services for children on the Supports and Comprehensive waivers will not be required unless the request exceeds the three hour/12 unit monthly limit or the 24 unit limit for assessment, planning and crisis situations.

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- Non-waiver children will continue to require prior authorization.
- Waiver and non-waiver Medicaid children must be evaluated under the EPSDT requirements prior to reducing their current service level at their next annual review and for authorization requests that exceed the three hour/12 unit limit or the 24-unit limits for assessment, planning, and crisis management. The case manager may request the additional six hours/24 units for these current authorizations even if the current monthly authorization is in excess of the three hour/12 units per month. These requests will be reviewed under the EPSDT criteria.
- Providers must use a separate billing code for the additional 24 units for assessment, planning, and crisis management – T1017SC. Therefore, in general, providers will submit an authorization request and bill claims for 144 units of T1071 for a full year and 24 units of T1017SC.

Please review Implementation Bulletin #68 (see page 3) for complete details related to these TCM changes.

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### **PROVIDER COUNCIL REMINDERS AND UPDATES**

- ⇒ **Provider Council Minutes** for the Executive Board, General Membership and Committees are published and available on-line at the following website:  
<http://www.charmeck.org/Departments/Area+Mental+Health/For+Providers/MPCouncil.htm>
- ⇒ **Provider Council Sub-Committees** – Four standing subcommittees have been formed by the Provider Council. If you are interested or want more information, please contact the committee chairs. The four committees are:
- **Training and Development Committee**
    - ♦ Trasha Black (Co-Chair), Genesis Project, [tblack@genesisproject1.org](mailto:tblack@genesisproject1.org), 704-596-0505
    - ♦ Angela R. Simmons (Co-Chair), The Right Choice MWM, 704-537-3650, [arsrightchoice@therightchoicemwm.com](mailto:arsrightchoice@therightchoicemwm.com).
      - > The next scheduled meeting is Wednesday, March 17, 2010 at 9:00 AM in the Carl Watkins Center Multipurpose room.
  - **Provider Relations Sub-Committee**
    - ♦ Kira Wilson (Co-Chair), The Arc of NC, 704-568-0112, [kwilson@arcnc.org](mailto:kwilson@arcnc.org)
    - ♦ Tim R. Holland (Co-chair) Person Centered Partnerships, 704-319-7609, [Tim.Holland@pcpartnerships.org](mailto:Tim.Holland@pcpartnerships.org)
      - >The Provider Relations Committee will not meet in March.
  - **Provider Outreach Sub-Committee** – The Provider Outreach Committee is a new sub-committee, the general purpose of which is to establish mechanisms for the Provider Council to connect with new providers, to provide them basic resource information and to introduce them to the Provider Council.
    - ♦ Frankie Tack (Co-Chair), Anuvia Prevention and Recovery Center, Inc., 704-927-8789, [frankie.tack@anuvia.org](mailto:frankie.tack@anuvia.org).
    - ♦ Miranda Little (Co-Chair), Family Preservation, Inc., 704-344-0491, [MLittle@fpscorp.com](mailto:MLittle@fpscorp.com)
      - >The next meeting will be on Wednesday, March 17, 2010 at 1:30 PM in the Carlton Watkins Center Multipurpose Room.

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**IMPORTANT REMINDERS AND RESOURCES**

⇒ **Level III and IV Contact Coordination** – Effective February 22, 2010, Nikki Harper with the MeckCARES System of Care Unit of the LME has been designated as the primary point of contact for coordination of level III and IV residential group home tracking and monitoring. As such, she will assume the duties previously coordinated by Nicole P. McKinney as it relates to the following:

- Responding to general inquires regarding level III and IV group home transition initiatives
- Signing off on discharge plans required by Value Options
- Attending Care Review Team meetings for Level III and IV reauthorization requests
- Convening joint Child & Family Team meetings with QPs for initial Level III and IV admission requests
- Generating related LME and state-level reports

For more information, please refer to the letter and procedure at the end of the Hot Sheet.

Nicole P. McKinney will continue to provide oversight of the level III and IV residential group home initiative and will assist in Nikki Harper's absence as needed.

For future inquiries, Ms. Harper may be contacted as follows:

Nikki Harper

704-432-4567 office

704-572-3771 mobile

[Nicole.Harper@mecklenburgcountync.gov](mailto:Nicole.Harper@mecklenburgcountync.gov)

⇒ **KNOW Gangs RFP** – We hope you will consider joining us in the “good fight” against gangs and in support of Mecklenburg County youth and their families. Please find attached the Letter of Inquiry and Grant Guidelines that were distributed at the 11/12/2009 and 2/9/2010 KNOW Gangs RFP Information Sessions. Deadline for Letter of Inquiry submission is Friday, March 12, 2010. Late submissions will not be accepted.

Please contact Rev. K. Frances Cook or Melissa M. Treadaway, CMPD Research, Planning, & Analysis, with questions about the Letter of Inquiry process.

Melissa Treadaway, 704-336-2757

Rev. Cook - 704.432.4264 - GANG Hotline - 704.336.7331 - [fcCook@cmpd.org](mailto:fcCook@cmpd.org) -

[gangofone@cmpd.org](mailto:gangofone@cmpd.org)

For more information see attachment in the 02/19/10 Hot Sheet.

⇒ **02/02/10 [Implementation Update #68](#)** – Please review this update for new information on the following issues:

- Records Management Webpage Established
- Child and Adolescent Day Treatment
- IIH and CST
- SAIOP and SACOT
- ACTT Mid-size Team Physician Time
- CS Case Management Component
- Endorsement of Day Treatment, Community Support Team and Intensive In-Home
- CABHA Physician

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- Provider Changes for Targeted Case Management
- Policy Changes for Case Management Services
- Revised PCP Format & One Page Profile
- Important ValueOptions Updates
- Residential Services Levels III & IV Updates

⇒ **Reminder to Child and Adolescent Providers** – Due to the current State budget crisis in North Carolina, the Department of Health and Human Services has had to make significant changes in our service delivery system. The Department intends to restructure the Child and Adolescent MH/DD/SA Residential Services and require transition of current recipients of this service to more appropriate options.

As a result of these changes, the Mecklenburg LME has suspended any further endorsement actions and new requests for MOAs for Level II Program Type, Level III and Level IV Child & Adolescent Residential Services. This means that any provider who has not successfully completed the endorsement process and received enrollment for one of the above services will not be able to complete the process. This also means that Mecklenburg LME will not enter into any new MOA agreements for these services with providers who request to serve Mecklenburg County consumers outside of the Mecklenburg County catchment area. **If you have questions regarding this information, please contact your Service Analyst.**

⇒ **Important ValueOptions Update** – Beginning March 1, 2010, notices of new authorization approvals, and the letters themselves, will be available **only** on the ValueOptions online provider portal ProviderConnect. ValueOptions will end the mailing of paper authorization approval letters as of March 1, 2010. Adverse determination letters will continue to be mailed to the recipient with a copy to the provider. Providers who have not previously used ProviderConnect must register for ProviderConnect at <https://www.valueoptions.com/pc/eProvider/providerRegisterFromLogin.do>. Training webinars will be conducted in February 2010 to educate providers about the new online approval letter process. Visit [www.valueoptions.com/providers/Network/North\\_Carolina\\_Medicaid.htm](http://www.valueoptions.com/providers/Network/North_Carolina_Medicaid.htm) and scroll to “Provider Training Opportunities” to register for a webinar.

Thousands of approvals for Targeted Case Management and Therapeutic Foster Care are made to LMEs, not the individual providers. LMEs will no longer receive paper approval letters for TCM and TFC as of March 1; LMEs will access the approval letters via ProviderConnect.

For some time LMEs have been accessing ProviderConnect to look up authorizations. LMEs are strongly encouraged to participate in a training webinar for routinely obtaining online approval letters if their TCM or TFC pass-through payment process includes some use of letters.

⇒ **Frequency and Extent of Monitoring Reports** – The Mecklenburg County Local Management Entity (LME) has the responsibility of monitoring all providers of Mental Health, Developmental Disabilities and Substance Abuse services in accordance with rules,

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regulations and procedures set forth by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (MH/DD/SAS).

One monitoring tool that was developed by the State and is required of all LMEs to use is the Frequency and Extent of Monitoring (FEM). The FEM is conducted on all service providers who have a service contract or a Medicaid Memorandum of Agreement with the LME; provider scores are reported to the NC Division of MH/DD/SAS. Mecklenburg County LME community of providers FEM scores are now posted on-line and will be updated as changes are made. For more information and to review FEM scores, please click on the following link. [Find Out How Your Provider Rates](#)

- ⇒ **Save the Date - 2010 Mecklenburg County Public Health Forum** – Presented by: Mecklenburg County Healthy Carolinians & Mecklenburg County Health Department. Healthy Kids: A Better Future Starts Today, Friday April 30, 2010. 8:00am – 2:00pm. [Please see flyer on page 7 for more information.](#)
- ⇒ **Modifications to the Provider Discharge Event Form** – Please note that the Provider Discharge Event has been recently modified in order to add the following to reasons for discharge: Consumer has aged out of current benefits. This reason is appropriately used for IPRS adolescent consumers who have reached their 18<sup>th</sup> birthday. Please discard previous editions of the Provider Discharge Event and use the latest revision located on AMH's website under Provider Resources. [Discharge Event](#)

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### EDUCATION AND TRAINING OPPORTUNITIES

- ⇒ **DSS Guardianship for Adults Training** – The Provider Council Training & Development Subcommittee would like to announce an upcoming training that we are sponsoring entitled OVERVIEW: **DSS Guardianship for Adults**. This training is designed to increase the MH/DD/SA provider agency knowledge of guardianship policies and procedures and to allow agencies to work more cohesively with DSS when Guardianship is in place.

Dates: March 12, 2010, 1:00 pm – 3:00pm

March 31, 2010, 2:00 pm – 4:00 pm

Location: Multipurpose Room, Carlton Watkins Center, 3500 Ellington Street, Charlotte.

Registration: Contact Genesis Project 1 to register 704.596.0505

- ⇒ **NC Division of Medical Assistance (Medicaid) Training Announcement** – Medicaid Recipient Appeal Process and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Seminars planned. Trainings have been scheduled for the months of February and March 2010. Seminars are intended to address Medicaid recipient appeal process when a Medicaid service is denied, reduced or terminated. The seminar will also focus on an overview of EPDST – Medicaid for Children.

Seminars are scheduled for February and March 2010 in the following cities:

- Concord - March 2, 2010
- Asheville - March 3, 2010

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Pre-registration is required. Due to limited seating, registration is limited to two staff members per office. Unregistered providers are welcome to attend if space is available. The seminars are scheduled to begin at 9:00 a.m. and end at 4:00 p.m. Lunch will not be provided at the seminars.

- [Register online](#)
- [Register by fax](#)
- Refer to the [January 2010 Medicaid bulletin](#) for directions and additional information

Providers may register by completing and submitting the [online registration form](#). Or, providers may register by fax using the [Medicaid Recipient Appeal Process and EPSDT Seminar Registration Form](#) (fax it to the number listed on the form). **Pre-registration is required.** Providers will receive a registration confirmation outlining the training material(s) each provider should bring to the seminar.

- ⇒ **Mecklenburg's PROMISE Recovery and Crisis Training Calendar.** Please feel free to print and post at your locations or pass it on to anyone you feel would benefit from our trainings. To register, go to [www.meckpromise.com](http://www.meckpromise.com). If you have any questions or concerns, please feel free to contact us at (704) 525-4398, ext. 207. <http://www.meckpromise.com/node/43>
- ⇒ **The Mecklenburg County Provider Council** has developed a comprehensive Training Calendar designed to serve as a one-stop location to view training events occurring in Mecklenburg County that are supported or sponsored by the provider community, the LME, AHEC or other entities. Following is a link to submit training events: <http://www.meckpromise.com/node/75>. To view training events, click on the following link: <http://www.meckpromise.com/mptc>
- ⇒ **The LME Monthly AMH Training Calendar** is posted on-line at the following link: <http://www.charmeck.org/Departments/Area+Mental+Health/For+Providers/Provider+Resources/training.htm>
- ⇒ **TIP – Training in Innovation and Practice** –The NC Council of Community Programs and the Administrative Services Organization, a group of providers, continue to offer training to help providers adapt to changing circumstances. For a list of currently scheduled training events and to register, go to [www.nc-council.org](http://www.nc-council.org).

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### WEB RESOURCES

- ◆ **NC DIVISION OF MH/DD/SAS:** <http://www.ncdhhs.gov/mhddsas/>
- ◆ **MECKLENBURG AMH:** <http://mentalhealth.charmeck.org>
- ◆ **AMH BEST PRACTICES COMMITTEES AND SCHEDULE:** <http://www.charmeck.org/Departments/Area+Mental+Health/For+Providers/BestPractice.htm>
- ◆ **HOT SHEET ARCHIVE:** <http://www.charmeck.org/Departments/Area+Mental+Health/For+Providers/Provider+Resources/Provider+Hot+Sheets.htm>

## **New Person Centered Plan Format**

Effective March 1, 2010, the new Person Centered Plan format **MAY** be used **when the next annual re-write of the PCP is due**. Beginning July 1, 2010, the new format **MUST** be used **when the next annual re-write of the PCP is due**.

- For example, if the date on the current PCP is March 12, 2009, the annual rewrite is due by March 12, 2010 and MAY be completed using the new format. The annual rewrite due the next year, March 12, 2011, MUST be on the new format.
- If the date on the current PCP is August 10, 2009, the annual rewrite is due by August 10, 2010 and MUST be on the new format.

As of March 1, 2010, the **Introductory PCP will no longer be used** for people new to our system. Service plans for people newly admitted for mental health, developmental disability or substance abuse services on or after March 1, 2010 must be prepared using the new PCP format when a PCP is required. Submission of a prior authorization request with an Introductory PCP on or after March 1, 2010 will be returned by ValueOptions or the LME as Unable to Process.

The PCP must include all services that the person receives, but a PCP is not required if only Basic services are being provided (outpatient treatment and medication management). If an individual is receiving any service which requires a PCP, then the Basic benefit service must be included in the PCP, and no separate plan may be used.

The new PCP format and supporting documents may be found here:

<http://www.ncdhhs.gov/mhddsas/pcp.htm>

The new PCP format includes:

- One Page Profile
- Action Plan
- Crisis Plan
- Signature Page

**All parts of all sections listed above must be complete or PCPs will be returned as “unable to process” by ValueOptions and the LME.**

### **Updates/Revisions to the PCP**

Updates and revisions to the PCP are made per the current requirements, and must occur when:

- The person’s needs have changed; or
- A provider has changed or been added; or
- Based on assigned target dates for review of the PCP goals; or
- Submission of a PCP revision is required for reauthorization requests.

Additional information on updates/revisions can be found in the Records Management and Documentation Manual (RMDM) found at this link:

<http://www.ncdhhs.gov/mhddsas/statspublications/manualsforms/rmd09/rmdmanual-final.pdf>.

A new Update/Revision Page and Update/Revision Signature Page are posted along with the new PCP. The changes to both these pages coincide with the revised Action Plan Page and Signature Page found in the new PCP.

- An Update/Revision may be made in the body of the Action Plan of the current PCP, accompanied by the Update/Revision Signature Page.
- If a new goal is added or a significant revision to a goal is made, or any other lengthy narrative update or revision is needed, then use the Update/Revision Action Plan Page to record this, accompanied by the Update/Revision Signature Page.

### **PCP Instruction Manual**

A revised manual is posted along with the new PCP format and Update/Revision pages. In addition, supplemental pages are posted or will be posted shortly, that include the Person Centered Thinking Tools and Guidelines for use in preparing the One Page Profile and for use by providers to assist in implementation of the PCP.

**PLEASE NOTE: This manual will continue to undergo revisions as the Division works with consultants to provide the best guidance on the preparation and implementation of person-centered plans.**





# Healthy Kids: A Better Future Starts Today

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## Save the Date

Friday April 30, 2010

8:00am - 2:00pm

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Student Union Building

The University of North Carolina at Charlotte

9201 University City Blvd, Charlotte, NC 28233

*Event hosted by the UNC Charlotte*

*Graduate and Undergraduate Public Health Student Associations*



### **Keynote Speaker: Kwain Bryant**

Kwain Bryant is a noted national speaker & CEO of Empowerment Exchange. As an advisor for the NC Department of Public Instruction's Youth Advisory Council, winner of the Male's Place 2007 Distinguished Service Award, & a former health educator with Teen Health Connection, he is known for his ability to engage audiences



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February 18, 2010

Dear Provider:

Effective February 22, 2010, Nikki Harper with the MeckCARES System of Care Unit of the LME has been designated as the new primary point of contact for coordination of level III/IV residential group home tracking and monitoring. As such, she will assume the duties previously coordinated by Nicole P. McKinney as it relates to the following:

- Responding to general inquires regarding level III/IV group home transition initiatives
- Signing off on discharge plans required by Value Options
- Attending Care Review Team meetings for Level III/IV reauthorization requests
- Convening joint Child & Family Team meetings with QPs for initial Level III/IV admission requests
- Generating related LME and state-level reports

Nicole P. McKinney will continue to provide oversight of the level III/IV residential group home initiative and will assist in Nikki Harper's absence or as necessary. For future inquiries and coordination, Nikki Harper can be contacted at the following information:

Nikki Harper  
704-432-4567 office  
704-572-3771 mobile  
Nicole.Harper@mecklenburgcountync.gov

As a reminder, included below is a highlight of various LME and State protocols that have been implemented regarding Level III/IV residential group home placements, in an effort to ensure that children are progressing in treatment with quality care and are being transitioned to the most appropriate, yet least restrictive environment and service necessary to meet the consumer's needs. For more information and helpful links, please visit the following:

**For Implementation Updates:**  
<http://www.ncdhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>

**Mecklenburg County Area Mental Health Public Homepage**  
<http://www.charmeck.org/Departments/Area+Mental+Health/Home.htm>

**Mecklenburg County AMH Hot Sheet:**  
To receive the hot Sheet contact William Sims at  
704-336-2669 / [William.Sims@MecklenburgCountyNC.gov](mailto:William.Sims@MecklenburgCountyNC.gov)

**For more information on MeckCARES, Mecklenburg County's System of Care:**  
[meckcares.charmeck.org](http://meckcares.charmeck.org)

*PEOPLE • PRIDE • PROGRESS • PARTNERSHIPS*  
429 Billingsley Road • Charlotte, North Carolina 28211 • (704) 336-2023 Fax (704) 336-4383  
[www.MecklenburgCountyNC.gov](http://www.MecklenburgCountyNC.gov)

## **NEW ADMISSIONS**

**The following criteria must be met for all NEW admissions to Level III or Level IV child residential services and length of stay is limited to no more than 120 days:**

1. The current provider and the LME System of Care Coordinator (SOC) will convene the Child and Family Team (CFT).
2. The Child and Family Team shall review a current comprehensive clinical assessment that includes a discussion of all life domains (emotional, social, safety, housing, medical and health, educational, vocational, and legal).
3. The Child and Family Team shall fully inform the youth and family of all service options.
4. The Child and Family Team must develop a discharge plan on the approved DMH/DD/SAS and DMA Discharge Plan.

**In addition to the current eligibility criteria, before a child can be admitted to Level III or Level IV placement the following shall apply:**

1. Placement may be a transition from a Psychiatric Residential Treatment Facility (PRTF) or inpatient setting

OR

2. Multisystemic Therapy (MST) or Intensive In-Home (IIH) services did not meet the youth's treatment needs within the last six months and severe functional impairments persist;

AND

3. The CFT has reviewed all other alternatives and recommendations and recommends Level III or IV residential placement due to maintaining the health and safety of the child.

### **Process for obtaining the LME/SOC Representative's Signature:**

The LME/SOC Representative should be contacted directly by the clinical home case coordinator/QP to schedule a CFT meeting, at which time the LME/SOC representative will jointly convene the CFT meeting, review clinical documentation, and sign the discharge plan form as appropriate for further consideration by Value Options. **The LME signature will remain valid for 90 days, regardless of Value Option's authorization period, unless the LME/SOC Representative signs for a period of time less than 90 days.**

## **CONCURRENT AUTHORIZATIONS**

**All concurrent authorizations for Level III and Level IV child residential services are limited to a maximum of 90 days after the current authorization expires. All concurrent authorization requests require the following:**

1. A new comprehensive clinical assessment (that addresses co-occurring disorders as appropriate) by a psychiatrist independent of the residential provider and its provider organization) that includes clinical justification for continued stay at this level of care.
2. The CFT will review goals and treatment progress.
3. Family and/or caregivers are actively engaged in treatment goals and objectives.
4. A revised discharge plan.
5. The psychiatric assessment justifying the request and a revised discharge plan must be submitted to Value Options with the ITR and Person Centered Plan revision including documentation of the review of the CFT. The Person Centered Plan must reflect the family and/or caregiver involvement in treatment.

### **Process for obtaining the LME/SOC Representative's Signature:**

- A Care Review Team meeting must be scheduled with the Child and Family Team for a formal interdisciplinary case staffing. If the services appear to be medically necessary and the Care Review Team and Child and Family Team members agree that the level of care is required to meet the needs of the consumer, the LME/SOC representation will sign the discharge plan. **The LME signature will**



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**remain valid for 90 days, regardless of Value Option’s authorization period, unless the LME/SOC Representative signs for a period of time less than 90 days.**

- Clinical Home Providers are expected to implement a proactive internal system that ensures collaboration via active engagement of the full CFT (QP of clinical home, residential provider, other service providers, legal guardian, consumer, and natural supports) in developing the discharge plan and modifying the PCP. Additionally, proactive planning should be initiated in each agency to ensure that authorizations remain current with respect to various State/LME protocols.
- Care Review Team meetings, specific to concurrent authorization requests, will not be scheduled prior to 30 days of the current authorization expiring. This fosters the increased availability of appointments for those who most urgently need them. The current authorization letter will be requested by Paula Cox, upon scheduling for further verification.
- To schedule a Care Review Team meeting, please contact Paula Cox at 704-432-4267 or [Paula.Cox@mecklenburgcountync.gov](mailto:Paula.Cox@mecklenburgcountync.gov) . Included below is the schedule for Care Review Team meetings:

<b>Care Review Team Schedule</b>		
Team A	2 <sup>nd</sup> Friday/monthly	1:00pm, 2:00pm, and 3:00pm (1 hour slots)
Team B	4 <sup>th</sup> Friday/monthly	1:00pm, 2:00pm, and 3:00pm (1 hour slots)
Team C (Concurrent Authorizations only)	1 <sup>st</sup> and 3 <sup>rd</sup> Friday/monthly 2 <sup>nd</sup> & 4 <sup>th</sup> Thursday/monthly	1:00pm, 1:30p, 2:00pm, 2:30pm, 3:00pm, & 3:30pm (30 minute slots)

For additional questions on these changes, please feel free to contact your assigned service analyst or the LME/SOC Representative, Nikki Harper at 704-432-4567.

Sincerely,

*Nicole P. McKinney, LPC*

Nicole P. McKinney, LPC – Clinical Supervisor, MeckCARES SOC  
 Mecklenburg County LME

*Kimm Campbell, MSW*

Kimm Campbell, MSW – Director, MeckCARES SOC  
 Mecklenburg County LME

*Nikki Harper*

Nikki Harper - LME/SOC Representative, MeckCARES SOC