



MECKLENBURG COUNTY
Area Mental Health, Developmental Disabilities and
Substance Abuse Services
December 30, 2010

PROVIDER HOT SHEET

- ⇒ **Balanced Scorecard Data** will again be collected on an Excel spreadsheet in Provider Connect. Data is required from agencies that provided Community Support, Community Support Team, ACT, Psychosocial Rehab and Targeted Case Management to IPRS consumers from July – December 2010. The spreadsheet contains the reporting form with instructions. The spreadsheets will be available in the eCura Provider Connect download folder in a subfolder titled “Balanced Scorecard Data” on or about 1/12/2011. Providers are to complete the spreadsheet and upload it to Provider Connect no later than the due date on the form, January 21, 2011. **If you did not provide the above services from July – December 2010, there is no spreadsheet for your agency and no report is required for this reporting period.**

Questions regarding Balanced Scorecard Data should be directed to Evelyn Cross;
evelyn.cross@mecklenburgcountync.gov, 704-432-3058.

Questions regarding Provider Connect should be directed to Jeremy Pollard;
jeremy.pollard@MecklenburgCountyNC.gov, 704-432-0356.

- ⇒ **IPRS Benefit Plan** – Units for community and hourly respite are delineated for IDD consumers. The updated benefit plans can be found on the AMH website under [Provider Documents](#).
- ⇒ **Clinical Guidelines** - The Utilization Management Division has prepared a summary of clinical guidelines for MHSa Targeted Case Management (H0032) using DMA Clinical Coverage Policy No. 8L related to that service. Please see [attached](#) for your convenience as well as the link to the full policy:
<http://www.ncdhhs.gov/dma/mp/8L.pdf>
- ⇒ **CAP-MR/DD Utilization Review**
Pathways LME will lead a session for IDD providers at the January 5, 2011 InfoShare at Covenant Presbyterian Church. They will discuss the implementation of the CAP-MR/DD project at 10:30 AM.
- ⇒ **CAP-MR/DD Utilization Review Provider Trainings**
Pathways CAP-MR/DD Utilization Review staff will be conducting provider trainings for Intellectual/Developmental Disability providers and targeted case managers. **This training is essential for those who serve consumers receiving CAP-MR/DD services.**

The training will focus on:

- Changes to the authorization process;
- Technical procedures for submitting an authorization request, including fax numbers, requesting a log-in, confirmations;
- Who you submit your authorization request to; and
- What topics will be handled by Utilization Review, and what topics will be handled by your local LME I/DD contact.

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Two training sessions will be offered in Mecklenburg at the Carlton Watkins Center on January 12 from 10:00AM to 12:00PM and 1:00PM to 3:00PM. Providers may register by contacting Stacy Bryant at sbryant@PathwaysLME.org. Please see the [attached](#) document for dates and locations of other training sessions.

⇒ **Quarterly Incident Report Due on January 10th, 2011.**

The QM11 Form can be found on the DMH website at this address: <http://www.ncdhhs.gov/mhddsas/statspublications/manualsforms/index.htm#incident>. Scroll to *Incident Response and Improvement System* and select the QM11. All Category A and B providers are required to submit this form. When completed, it may be faxed to 704-336-7718 or submitted via email to Nancy Cody at nancy.cody@mecklenburgcountync.gov. Thank you.

⇒ **IRIS (Incident Response Improvement System):** There have been problems recently with submission of incomplete incident reports. The Division is currently developing report capabilities in IRIS. Missing or erroneous information will limit providers' ability to generate accurate reports. Please pay close attention to the sections marked, "Authorities Contacted" and "Consumer/Services". These two sections seem to be overlooked more than the others. "Authorities Contacted" should include the team leader, the legally responsible person (if applicable), and others, as appropriate or required by Rule. "Consumer/Services" should include only those services provided by the reporting agency. Providers have one business day to respond to requests for additional information, unless more time is needed for investigation. In those instances, please make arrangements directly with the Risk Manager.

⇒ **Monthly IRIS Training for New Users:** IRIS training is scheduled on the second Tuesday of each month from 9:00-11:00am at the Carlton Watkins Center. Please refer to the Provider Training Calendar for further details and registration.

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://charmeck.org/MECKLENBURG/COUNTY/AREAMENTALHEALTH/FORPROVIDERS/Pages/MPCouncil.aspx>
- ⇒ **Provider Council Sub-Committees** – Three standing subcommittees have been formed by the Provider Council. If you are interested or want more information, please contact the committee chairs. The three committees are:
- **Training and Development Committee** Trasha Black (Co-Chair), Genesis Project, tblack@genesisproject1.org, 704-596-0505
 - ◆ Angela R. Simmons (Co-Chair), The Right Choice MWM, 704-537-3650 x1105, angela@trcmwm.com.
 - > The next scheduled meeting is **Wednesday, January 19, 2011 at 9 AM** in the Carlton Watkins Center Multipurpose room.
 - **Provider Relations Sub-Committee**
 - ◆ Kira Wilson (Co-Chair), The Arc of NC, 704-568-0112, kwilson@arcnc.org
 - ◆ Tim R. Holland (Co-chair) Person Centered Partnerships, 704-319-7609, Tim.Holland@pcpartnerships.org
 - > **Stay tuned for future notification of the next meeting date.**
 - **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

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connect with new providers, to provide them basic resource information and to introduce them to the Provider Council.

- ♦ Miranda Little (Co-Chair), Family Preservation Services, Inc., 704-344-0491, MLittle@fpscorp.com
- ♦ Becky Mills (Co-Chair), Family Preservation Services, Inc., 704-334-0491, Rmills@fpscorp.com

>The next meeting will be on **Wednesday, January 19, 2011 at 1:30 PM** in the Carlton Watkins Center Multipurpose Room.

EDUCATION AND TRAINING OPPORTUNITIES

⇒ **MeckCARES Training Institute** offers a full range of high-quality classroom and now **online courses** that meet state service definitions and requirements and will empower you to improve outcomes for youth and families.

- Learn about System of Care principles and practices
- See how Child and Family Teams should operate
- Gain knowledge, power and respect to strengthen families and improve lives

Register Today! <http://charmeck.org/mecklenburg/county/MeckCARES/training/Pages/default.aspx>

⇒ **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. 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://charmeck.org/mecklenburg/county/AreaMentalHealth/ForProviders/Pages/ProviderTraining.aspx>

⇒ **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.

⇒ **Mental Health Association** offers various training opportunities in collaboration with Charlotte AHEC. Please visit website <http://www.charlotteahec.org/> for more information.

WEB RESOURCES

⇒ [NC Division of MH/DD/SAS](#)

⇒ [NC Division of MH/DD/SAS Implementation Updates](#)

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[Special Implementation Update #84](#)

- CAP-MR/DD Utilization Review

⇒ [Mecklenburg AMH](#)

⇒ [AMH Best Practices Committees and Schedule](#)

⇒ [AMH Hot Sheet Archive](#)

⇒ [AMH Provider Document Library](#) – The following policies have been updated and posted for review:

- IM-01 Accounting of Disclosures of PHI 10.13.10
- IM-03 Confidentiality and Protection of Consumer Information 10.13.10
- IM-07 Notice of Privacy Practices 10.13.10
- IM-08 Records Retention and Disposition Policy 10.13.10
- IM-09 Release of Confidential Information 10.13.10
- IM-10 Request for Consumer Data Policy 10.13.10
- IM-12 Consumer's Request for Restrictions on Use-Disclosure of PHI 10.13.10
- IM-13 Request to Amend PHI 10.13.10
- LME-05 Delegation Policy 10.13.10
- HR-03 Financial Incentives Policy 8.16.10
- IM-25 Special Protection of Protected Health Information 10.18.10
- PO-09 Miscellaneous Contract Monitoring Policy 10.18.10
- LME-31 Request for Flex Funding 11.1.10
- LME-16 Communication Practices Policy 8.23.10

UM Guidelines

General Information

MHSA Targeted Case Management H0032

Mental Health/Substance Abuse Targeted Case Management H0032 is a service for adults and children aged three and older who have a serious emotional disturbance, mental illness, or a substance abuse related disorder. The Case Manager is **required** to coordinate and communicate with Community Care of NC (CCNC) for managed care Medicaid recipients, the primary care physician or OBGYN. CCNC and the Primary Care Physician shall be responsible for the coordination of the consumer's overall health care.

The functions of case management include:

- Case Management Assessment
- Person Centered Planning
- Referral/Linkage
- Monitoring/follow up

Case Management Assessment

- Comprehensive, culturally appropriate assessment of needs, strengths, resources, and goals.
- Integrates all assessments including the CCA, medical assessments, information from CCNC and the primary care physician.
- Includes early identification of conditions and needs for prevention and amelioration.

Person Centered Planning

- Center of self-direction and self management.
- "Content experts" are the person, family, friends and providers who have experience with the person.
- On-going process that drives the development and revisions of a plan based on information gathered from these individuals and as well as comprehensive clinical assessments.
- Revisions to the plan are used to record new learning about the consumer
- Case manager is **required** to contact the primary care physician to obtain clinical information pertinent to establishing person centered goals. (Must contact CCNC for Medicaid managed care recipients)

Referral/Linkage

- Coordinates service delivery to reduce fragmentation.
- Makes referrals and schedules appointments with recipients.
- Facilitates communication and collaboration among all service providers and the recipient.
- Assists the person in establishing and maintaining a medical home with a primary care physician.

Monitoring/Follow Up

- Conducts activities and contacts necessary to ensure the plan is effectively implemented.

Expected Outcomes

- Recipient has a single, comprehensive PCP.
- Recipient is linked to CCNC Access, primary care physician, or OBGYN and is receiving timely medical assessment and intervention.
- Recipient is linked to natural supports.
- Recipient who is under the age of 21 has transitioned from a residential setting to an alternative level of care.
- Recipient has less than two crisis episodes (ER, MCT, CSU, Inpatient, or Detox) within the most recent three months.
- Recipient is increasingly independent in managing his or her own care.

UM Guidelines

Entrance Criteria

- A comprehensive clinical assessment which demonstrates medical necessity **must be** completed prior to provision of this service.
- For Medicaid, **authorization by the Medicaid-approved vendor is required** according to published policy.
- For State-funded Community Support services, **authorization is required by the Local Management Entity** prior to the first visit. The Medicaid-approved vendor or the Local Management Entity will evaluate the request to determine if medical necessity supports more or less intensive services.

Clinical criteria (medical necessity criteria for admission) are presented below:

The recipient is eligible for this service when:

- A. There is an Axis I or II MH/SA diagnosis as defined by the DSM-IV-TR or its successors, other than a sole diagnosis of Developmental Disability and she is pregnant.

OR

- A. There is an Axis I or II MH/SA diagnosis as defined by the DSM-IV-TR or its successors, other than a sole diagnosis of Developmental Disability.

AND

- B. The recipient requires coordination among two or more agencies (including medical providers.)

AND

- C. The recipient is unable to manage his or her symptoms or maintain abstinence (independently or with family/caregiver support) due to at least three unmet needs, such as safe adequate housing, food, legal, educational, vocational, financial, health care, transportation for services.

OR

- D. The recipient is a child under age 21 who needs coordination to transition to an alternative level of care.

OR

- E. The recipient has experienced two or more crisis episodes requiring intervention through the ER, MCT, CSU, Detox or Inpatient within the last three months.

Continued Stay Criteria

The recipient is making measurable progress toward meeting the goals that require case management functions and there is documentation that supports service continuation will be effective in assisting the recipient in meeting those goals identified in the PCP.

AND

Eligibility criteria listed above continue to be met with the exception that:

- A. The recipient requires coordination between one or more agencies including medical or non-medical providers

AND

- B. The recipient is unable to manage his or her symptoms or maintain abstinence [independently or with caregiver support] due to at least once basic need identified in the initial assessment for services continues to be unmet;

OR

At least three unmet basic needs have been identified through additional assessments during the course of service.

Discharge Criteria

The recipient has met the goals outlined in the PCP that require case management functions.

OR

Recipient no longer meets Continued Stay Criteria

OR

Recipient or legally responsible person no longer wishes to receive Case Management Services.

UM Guidelines

Requirements and Limitations/Exclusions

Reimbursement for case management is limited to 1 unit per calendar week (Sunday through Saturday.)

In situations where more than one recipient within a family qualifies for this service and the family has chosen the same CABHA, that CABHA shall assign the same case manager to serve each recipient in the family only as long as that case manager has the required qualifications to serve both populations and is clinically appropriate.

Case management services cannot be provided during the same authorization period as the following services:

- Intensive In Home
 - Community Support Team
 - ACTT
 - MST
 - C/A Day Treatment
 - SAIOP
 - SACOT
 - SA Non-Medical Community Residential Treatment
- *** Case Management is a component of each of these services.

Prior Approval

Prior approval is required on the first day of the service.

Case Management is a short term service. The initial authorization may be up to 90 days based on medical necessity criteria. The reauthorization period may be up to 60 days based on medical necessity.

This service is billed on a weekly case rate basis. The amount of weekly case management activity is determined by the acuity and the needs of the recipient. It is expected that the level of case management activity will be commensurate with the complexity of the MHSA needs of the recipient.



CAP-MR/DD Utilization Review

CAP-MR/DD Utilization Review Provider Trainings

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The training will focus on:

- Changes to the authorization process;
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- Who you submit your authorization request to; and
- What topics will be handled by Utilization Review, and what topics will be handled by your local LME I/DD contact.

Training sessions will be offered on:

- **January 4**—two sessions
10 am-12 pm & 2 pm-4 pm
Pathways LME Auditorium; 901 S. New Hope Rd., Gastonia NC 28054
- **January 10**—two sessions
10 am-12 pm & 2 pm-4 pm
Pathways LME Auditorium; 901 S. New Hope Rd., Gastonia NC 28054
- **January 11**-- 3 pm-5 pm
Foothills Higher Education Center, 2128 South Sterling St., Morganton NC, 28655
- **January 12**—two sessions
10 am-12 pm; 1 pm-3 pm,
Carlton Watkins Center, 3500 Ellington St., Charlotte NC
- **January 14**—10 am-12 pm
Smoky Mountain Center Central Region Office, 825 Wilkesboro Blvd, SE, Lenoir NC 28645
and transmitted to Northern and Southern Regional Smoky LME offices (44 Bonnie Lane, Sylva NC 28779 and 370 New Market Blvd., Suite 4, Boone NC 28607

To register for a training session, please email Stacy Bryant at sbryant@PathwaysLME.org. Please include your name, email, phone number and number of staff attending from your organization. *Space is limited at some locations.* If you have other questions regarding Pathways CAP-MR/DD Utilization Review, please call 704-884-2501.