



MECKLENBURG COUNTY
Area Mental Health, Developmental Disabilities and
Substance Abuse Services
February 06, 2012

PROVIDER HOT SHEET

- ⇒ **Claims Submission Reminder:** Effective immediately Mecklenburg LME will be strictly enforcing the billing terms for claims submitted to the LME for payment of non-Medicaid services. Per contract terms, Article V Financial Requirements, section 5.5 Submission of Invoices, claims are to be submitted within 60 days of the date of service. It is critical that providers adhere to this guideline or risk claims being denied and/or a reduction to the FY11-12 and FY12-13 contracts. This is necessary due to changes being implemented by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services in payments to the LME. If claims are not filed timely, it results in underreporting of service utilization on a monthly basis which in turn could lead to further reductions in the LME's funding allocation from the State.
- ⇒ **Target Population** - The LME has recently modified the Target Population Update Event in Provider Connect as well as the update form for those providers who do not have access to eCura Provider Connect. The modification is the addition of an item to document whether an adult consumer is a participant in Drug Treatment Court. If you have questions regarding this, please contact MeckLINK at 704-336-6404 or 877-700-3001.
- ⇒ **Community Care Partners of Greater Mecklenburg (CCNC)** - At the most recent InfoShare on January 4th, 2012, Community Care Partners of Greater Mecklenburg (CCPGM) spoke about increasing enrollment of NC Medicaid patients into Carolina Access II, the managed care plan for Medicaid patients. If you were not able to meet with Kris Rutherford or Taylor Zublena after InfoShare, please contact Kris Rutherford, Nurse Care Liaison for CCPGM at 704-863-7594 or email at Kristin.rutherford@carolinashealthcare.org.
- ⇒ **The LME, in partnership with Mecklenburg's PROMISE**, is offering monthly, comprehensive 2-day training on creating person-centered plans (PCPs) for adult mental health consumers that integrate Recovery Model principles, a person-centered approach, effective and proactive crisis planning, and demonstration of medical necessity. The training is mandatory for the staff of Mecklenburg County's adult mental health IPRS providers who create PCPs, and is strongly encouraged for MOA providers, in preparation for working within a Waiver environment. The trainings, delivered by Mecklenburg's PROMISE Training Team and LME UM staff, will be held at The Watkins Center, free of charge. Please note that additional dates have been added: April 3 & 5, May 29 & 31, and June 19 & 21. To register, please email the LME's Training Department at amhtrain@mecklenburgcountync.gov. For questions regarding course content/curriculum, please call John Cunningham at Mecklenburg's PROMISE, 980.321.4025.
- ⇒ **SAMHSA Releases New Definition of Recovery** - The Substance Abuse and Mental Health Services Administration (SAMHSA) has released a new working definition of "recovery" from mental health and substance use issues. The new definition now states that recovery is a "process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." For further detailed information about the new working recovery definition or the guiding principles of recovery please visit: <http://www.samhsa.gov/recovery/>
- ⇒ **MeckCARES** is hosting the 3rd Annual System of Care (SOC) Awards on May 10, 2012 from 6:00-9:00 pm at Charlotte Marriott SouthPark. MeckCAres would like to recognize and award *individuals and teams* that have consistently incorporated and demonstrated the System of Care principles and practices in their work and in their lives. For event announcement and nomination form, go to [MeckCare Events](#)

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⇒ Your single point of contact for all suggestions, input, feedback, questions and concerns regarding the Hot Sheet should be directed to Dennis Knasel, LME Director of Network Development and Provider Relations at Dennis.Knasel@MecklenburgCountyNC.gov. [Subscribe](#) to the weekly Hot Sheet releases

NETWORK DEVELOPMENT AND PROVIDER RELATIONS

Elements of a Functional First Responder System

(Please note the revision below in red font.)

The Mecklenburg County Consumer and Family Advisory Committee (CFAC) and LME consider the following elements to constitute a Functional First Responder System (FFRS):

- The provider has a 911 prompt for medical crisis on their voicemail system.
- The provider has a prompt that provides a phone or pager number for assistance with "urgent"
- or "crisis" needs that cannot wait until the next business day **(It is recommended that this number connect to a person and not to another telephone number or voicemail.)**
- If crisis number contacts a pager, the message explains briefly what the caller will hear and how to respond.
- If the caller does not reach a live person, the voicemail message gives the caller a wait time of no more than 15 minutes to expect a return call.
- If the caller does not reach a live person, the call is returned within 15 minutes.
- **Each CABHA shall adhere to all requirements as outlined in Implementation Update #86 which require the following:**
 - *Consistent with 10A NCAC 22P .0302(e), CABHAs shall perform "first responder" crisis response 24 hours a day, 7 days a week, 365 days a year to all consumers accessing CABHA services, as follows: CABHAs shall serve as first responder when any consumer who has been assessed by the CABHA and is receiving services from the CABHA undergoes a crisis. For purposes of first responder requirements, crisis is defined as: a high level of mental or emotional distress, or an episode, which without immediate intervention will foreseeably result in the person's condition worsening, environmental instability or could result in harm to self or others.*
 - *All CABHAs shall be accessible 24/7/365 to respond directly to consumers and to collaborate with and provide guidance to other crisis responders regarding coordination of treatment for CABHA consumers in crisis. The first responder shall use the crisis plan developed with the consumer to coordinate and communicate with all other crisis responders (in accordance with HIPAA and 42 CFR Part 2) to ensure that the crisis plan is implemented.*
 - *All CABHAs shall have written policies and procedures in place that will be made available to all consumers, and shall include contact information for the consumer to first contact the CABHA rather than other crisis responders, such as hospital emergency departments and mobile crisis management teams. Each CABHA shall provide all consumers with a phone number to contact a live person 24/7/365 for use when crises occur. First response may be telephonic, but face to face intervention shall be attempted prior to referral or if necessary, in conjunction with other crisis responders. If a CABHA refers the consumer to an emergency facility or other crisis responder, the CABHA shall communicate with the crisis responder in order to facilitate coordination of care.*

All providers of enhanced Medicaid services that are required to serve as First Responders should ensure that these elements are included in your First Responder System. **(These expectations are not only for clinical home providers who have service sites within Mecklenburg County, but also apply to out of county clinical home providers who have a current Memorandum of Agreement or contract with Mecklenburg LME.)** The LME and representatives from CFAC will periodically test providers through Mock Calls to ensure compliance with these requirements.

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Recommendations to providers:

- Keep the LME informed with up to date contact information.
- Check the LME's website under Provider Services for your agency's web pages. These web pages for designed for consumers so it is extremely important for all information to be accurate.
- Implement the 15 minute time limit for calls to be returned and include that time in all phone messages.
- Tell callers what to do if they do not receive a response within 15 minutes. This is an important element that needs to be added to almost all provider's messages – even those who succeeded in the mock calls.
 - Some agencies recommend calling 911 or give the Mecklenburg Mobile Crisis Team number as a back-up if a consumer receives no response to their crisis call.
 - CFAC does not recommend referring to 911 as a back-up. 911 is for true health related emergencies. It is an inappropriate and expensive resource for someone in a crisis that can better be addressed by a mental health professional.
 - Using the Mobile Crisis Team as a back-up responder is acceptable as long as this is not a substitute for an agency's implementation of its own first responder system.
- Identify the agency or say "crisis line" when answering the crisis line. Most providers answered the crisis line with "hello".
- Periodically do an internal check of your own system after hours to make sure it is working. This should include if it is easy to understand the message – is it loud enough, clear enough, are phone numbers clearly announced and repeated a second time.

⇒ **Person Centered Plan Reviews and Annual Rewriting – Please be reminded of the following requirements regarding review and rewriting of Person Center Plans as outlined in Clinical Coverage Policy 8A dated August 1, 2011 in section 5.5.2**

All Person Centered Plans must be updated as needed and must be rewritten at least annually. At a minimum, the Person Centered Plan must be reviewed by the responsible professional based upon the following:

a. Target date or expiration of each goal

Each goal on the Person Centered Plan must be reviewed separately, based on the target date associated with it. Short-range goals in the Person Centered Plan may never exceed 12 months from the Date of Plan.

- b. Change in the individual's needs
- c. Change in service provider
- d. Addition of a new service

Refer to the *Person-Centered Planning Instruction Manual* and the *Records Management and Documentation Manual* for more detailed information.

Please also note the following requirement specific to Person Centered Plans for Psychosocial Rehabilitation services:

For Medicaid recipients who receive psychosocial rehabilitation services, the Person Centered Plan shall be reviewed every 6 months.

⇒ **The below APSM 45-1 rule serves as a reminder for providers that maintain consumer funds in a residential placement.**

10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS

- a. This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.
- b. Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts.

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- c. If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:
- 1) assure to the client the right to deposit and withdraw money;
 - 2) regulate the receipt and distribution of funds in a personal fund account;
 - 3) provide for the receipt of deposits made by friends, relatives or others;
 - 4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;
 - 5) assure that a client's personal funds will be kept separate from any operating funds of the facility;
 - 6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;
 - 7) provide for the issuance of receipts to persons depositing or withdrawing funds; and
 - 8) provide the client with a quarterly accounting of his personal fund account.

Authorization by the client or legally responsible person is required before a deduction can be made from a personal fund account for any amount owed or alleged to be owed for damages done or alleged to have been done by the client:

- 1) to the facility;
- 2) an employee of the facility;
- 3) to a visitor of the facility; or
- 4) to another client of the facility.

PROVIDER COUNCIL REMINDERS AND UPDATES

⇒ **Beginning this month (January 2012)** the Training and Development and QA/QI Subcommittees have merged and we now have one QTM (Quality Training Management) meeting from 9:00am-11:00am on the 3rd Wednesday of each month. Each meeting will include a best/emerging practice topic and speaker, followed by discussions on agency implementation, training, and quality management, and state updates. The meeting will be held at Carl Watkins in the Multipurpose room.

Be on the lookout for opportunities to participate in task oriented subcommittees/workgroups related to provider needs (Nominations Committee, Provider Outreach) as well as workgroups that mirror the functional aspects of the upcoming Waiver including:

- Consumer Affairs
- Network Development
- Utilization Management
- Innovations
- Quality Management

⇒ **Provider Council Sub-Committees** – Two standing subcommittees have been formed by the Provider Council. If you are interested or want more information, please contact the committee chairs. The two committees are:

- **Quality Training Management Committee (QTM)** – The purpose of the meetings is to promote best practices collaborative growth in the areas of training and quality management, and understanding and support with regard to state and local processes.

- ◆ Lisa Davis ,Genesis Project 1, 704-596-0505 ldavis@genesisproject1.org
- ◆ Angela Bunting, BWB Connections, 704-596-5553 Angela.Bunting@connectionsbw.com
- ◆ Sonyia Richardson , Another Level Counseling & Consultation, 704-548-5298
srichardson@anotherlevelservices.com

⇒ > **The next scheduled meeting is Wednesday, February 15, 2012 at 9 AM in the Carlton Watkins Center Multipurpose room.**

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- **Provider Outreach Sub-Committee has transformed into the Network Development Sub-committee**
 - The purpose is to provide recommendations and feedback to the LME specific to the development of a provider network within a waiver environment and to develop information and learning sessions to assist providers in becoming waiver ready.
 - ◆ Shari Wright (Co-Chair) Connections BWB, Inc. 704-596-5553, shari.wright@connectionsbw.com
 - ◆ Dellyne Samuel (Co-Chair), Total Care & Concern, dellyne@totalcareandconcern.org
- ⇒ > **The next scheduled meeting is Wednesday, February 15, 2012 at 11 AM in the Carlton Watkins Center Multipurpose room.**

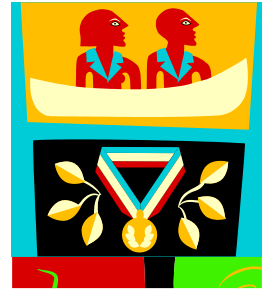
EDUCATION AND TRAINING OPORTUNITIES

- ⇒ **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. [Register](#) Today!**
- 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
- ⇒ **Mecklenburg's PROMISE Recovery and Crisis Training Calendar** - MeckPromise is offering free Wellness, Recovery & Crisis Education classes for consumers and providers at our new location 1041 Hawthorne Lane, Charlotte, NC 28205. Please feel free to drop by and see what we've got going on! For more information on our classes please call the main number at 980-321-4021 or John Cunningham at 980-321-4025 or via email at jcunningham@meckpromise.com to request a current calendar.
- ⇒ **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.
- ⇒ **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 to include QPR (Question, Persuade, and Refer) suicide prevention training. Please visit website <http://mhacentralcarolinas.org> or call 704-365-3454 for more information.**

WEB RESOURCES

- ⇒ [NC Division of MH/DD/SAS](#)
- ⇒ [NC Division of MH/DD/SAS Provider Endorsement Information](#)
- ⇒ [NC Division of MH/DD/SAS Implementation Updates](#)
- ⇒ [Mecklenburg AMH](#)
- ⇒ [AMH Hot Sheet Archive](#)
- ⇒ [1915 \(b\)\(c\) Waiver Updates from Division Medical Assistance](#)
- ⇒ [Comparison: NC Innovations and CAP-MR/DD Waivers](#)
- ⇒ [LME-MCO Appeal Process \(per federal CFR 438.400\)](#)
- ⇒ [AMH Provider Document Library](#)

MPC
Mecklenburg Provider Council



Presents

CBT Supervision & Leadership Training

**February 16th & 17th, 2012
9am-5pm**

--LOCATION: Genesis Project 1 Inc, 5104 Reagan Drive Charlotte, NC 28206
Ste. 5

REGISTRATION: Register online: www.genesisproject1.org (Registration fees will be payable via PayPal)

***Total training hours: 12**

****Cost: \$100.00**

****Plus: \$10 fee for CEU's.**

****Recording device needed. Examples are a cell phone, a tape recorder, Ipad/Ipad, etc.**



Dr. Susan Furr is a licensed psychologist who received her PhD from the University of North Carolina at Chapel Hill. She has worked as a school counselor, a psychologist at a university counseling center, and currently is a Professor in the Department of Counseling at the University of North Carolina at Charlotte. She has published on topics such as college student suicide, grief and loss counseling, career counseling, and development of counseling students. A major focus of her training has been in the area of cognitive therapy.

For more information on this Cognitive Behavioral Therapy Supervision Training, please contact, Lisa Davis, Training Director at Genesis Project 1, Inc. (704.596.0505)[ldavis@genesisproject1.org]

