



MECKLENBURG COUNTY
Area Mental Health, Developmental Disabilities and
Substance Abuse Services
April 30, 2012

PROVIDER HOT SHEET

- ⇒ **A Special Medicaid Bulletin with updated MC enrollment information has been published by the NC Division of Medical Assistance. [Special Bulletin](#)**
- ⇒ **Special Implementation Update #096 regarding the 1915 (b)(c) Medicaid Waiver Expansion Update has been posted to the DMH/DD/SAS web site. [UpDates](#)**
- ⇒ **The NC Department of Health and Human Services has created a Waiver Advisory Committee (DWAC) whose membership represents providers and local provider network councils, State and local Consumer and Family Advisory Committees, consumer service recipients, advocacy organizations, the County Commissioners Association, and LME-MCOs. This Committee has created two “issues tracking logs” with specific questions and issues the Committee members have raised regarding waiver implementation. As responses are received from either the Division of Medical Assistance or the Division of MH/DD/SAS the answers will be posted here: [DWAC](#)**
- ⇒ **Network of IPRS Providers:** The Mecklenburg LME requires that contracted providers meet the network’s admission criteria as specified in LME policies [CR-02 Provider Standards and Credentialing of Agency Providers](#) and [CR-04 Credentialing Licensed Independent Practitioners](#).
- ⇒ **LME Network Polices:** The LME expects all network participants to adhere to the policies posted here: [Provider Document Library](#)
- ⇒ **IRIS UPDATES** - DMH will be updating and testing new information and reports in the Live IRIS site on Friday, May 4th. IRIS will be unavailable beginning at 8:00 a.m. on Friday, May 4th. We expect that this process will be completed as quickly as possible and IRIS will be available over the weekend but no later than Monday, May 7th. If you need to submit an incident during this time, you can submit a paper form by fax to 704-336-7718 but you must enter the incident report into IRIS as soon as IRIS is available.
- ⇒ **Certificates of Need: Medicaid ADATC Services for Consumers Under Age 21** - Beginning immediately, referrals to the Julian F. Keith (JFK) ADATC Acute Recovery Services (ARS) program must have a completed Certificate of Need (CON) signed by the team members from the referring source. Team members must include the referring Psychiatrist and another team member (RN, LCSW, Psychologist, LPC, Occupational Therapist, etc.)
- This certificate is a Federal Medicaid requirement and acts as a “service order” for the individual to receive “medically necessary” services at JFK ADATC
 - Once signed, the Certificate of Need is valid for 15 days (from the date of first signature)
 - Providers must send a copy of the completed CON with the Regional Referral Form
 - JFK ADATC will work with the LME to schedule an admission appointment within the 15 day window
 - Certificates of Need are necessary for all referrals to JFK ADATC ARS for any individual under the age of 21 (whether actively insured by Medicaid or not.) The reason for this is that if the individual becomes Medicaid eligible after discharge, JFK ADATC may still be able to bill for services.
 - Certificates of Need are also required for all Acute Care Unit involuntary admissions, but the JFK ADATC utilization review team handles these as they are considered Emergency Admissions.

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- JFK ADATC utilization review staff review all under 21 cases for medical necessity and clinical appropriateness and completes additional documents as necessary.
- It is important for the referring provider to maintain the original CON.

Eastpointe LME has been the designated Medicaid utilization review entity for those under age 21 Medicaid admissions to ADATCs for about a year. As LME-MCO's are implemented, they will take over this function with JFK ADATC.

⇒ **The following LME policies have been updated in the Provider Resource Library on the AMH Public Website:**

- UM-01: Administrative Denial
- UM-02: Adolescent Transition to Adult Status
- UM-05: Denial Determination
- UM-06: Distribution of Medical Necessity Criteria
- UM-07: Clinical Appeals for Non-Medicaid Services
- UM-08: Medical Necessity Exceptions
- UM-11: Standard Timeframes for UM Decisions
- UM-15: Intensive Care Management
- UM-16: Lack of Clinical Information
- LME-36: Publication of Provider Specific Information
- LME-05: Delegation
- CC-01: False Claims Act Compliance
- CC-02: Reporting and Investigating Compliance Concerns

All LME policies are reviewed at least annually and revised and updated as needed. If you have any questions regarding one of the policies please contact the Service Analyst assigned to your agency.

⇒ **Position Posting** - The LME is posting positions for the implementation of the Medicaid Waiver. Please check the Mecklenburg County Human Resources website regularly. The positions currently posted are: LME-MCO Finance Director, Unit Supervisor Innovation, Case (Care) Coordinators, and Customer Services Manager-Intake. The Medicaid Waiver will go live in Mecklenburg on January 1, 2013

⇒ 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 Responder System** - 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.

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- **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.

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 providers' 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".

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- 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.

PROVIDER COUNCIL REMINDERS AND UPDATES

⇒ 2012 Mental Health/IDD/SA Rally Planning Sub-Committee.

The purpose is to plan State and local events to raise awareness and advocate for services and supports for those individuals in Mecklenburg County who have a mental, emotional, developmental or substance abuse disability.

- Tim R. Holland, Person Centered Partnerships, 704-319-7609, Tim.Holland@pcpartnerships.org,
- Ellis C. Fields, Mental Health Association of the Carolinas, 704-365-3454, efields@mhacentralcarolinas.org

The next scheduled meeting is Wednesday, May 9th, 2012 at 1:00 PM in the Carlton Watkins Center Multipurpose room. Come be a part of the group that is going to support and attend the “Rally in Raleigh” on May 22, 2012.

⇒ 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
- ◆ Sonya Richardson. Another Level Counseling & Consultation, 704-548-5298 srichardson@anotherlevelservices.com

⇒ > The next scheduled meeting is Wednesday, May 16th, 2012 at 9 AM in the Carlton Watkins Center Multipurpose room.

- **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

⇒ > The next scheduled meeting is Wednesday, May 16th, 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.

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- ⇒ 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](#)