



MECKLENBURG COUNTY
Area Mental Health, Developmental Disabilities and
Substance Abuse Services
 July 23, 2012

PROVIDER HOT SHEET

⇒ **Targeted Case Management to Care Coordination Transition Plans** - As MeckLINK Behavioral Healthcare moves forward with becoming an MCO a large part of this change will be the transitioning of Consumers from Targeted Case Management to Care Coordination. MeckLINK Behavioral Healthcare in collaboration with the QTM/Network Development Sub-Committee has created detailed transition plans for both MH/SA and IDD consumers. Please take some time to review these plans. The Care Coordination Division is looking forward to working together with our providers to make this transition a success. These plans are posted to the [News and Features](#) section and the [Provider Resource Library](#) under "Plans" on the [MeckLINK Behavioral Healthcare website](#).

⇒ **NC-TOPPS Changes and Updates** - MeckLINK Behavioral Healthcare staff changes effective immediately - Angie Traylor will be responsible for all NC-TOPPS Training , 704-336-4757, LME-NCTOPPS@MecklenburgCountyNC.gov and Berkley Moore will be responsible for all NC-TOPPS monitoring, 704-432-3059, LME-NCTOPPS@MecklenburgCountyNC.gov .

Effective July 2, 2012, the North Carolina Treatment Outcome and Program Performance System (NC-TOPPS) released version 2.1 which is the new web page is: [Version 2.1](#)

NC-TOPPS has made significant enhancements and many changes for SFY 2012-2013 to the guidelines which became effective July 2, 2012. The enhancements and changes to the guidelines are at link: [Enhancements](#)

⇒ **FY13 Operations Manual** - The Operations Manual for 2012-2013 is now posted on the AMH website at the following link: [Operations Manual](#) - This manual is a binding part of Agreements and Contracts between the Mecklenburg LME and providers of Medicaid and State Funded services. The intent of this manual is to provide the references and sources providers need to meet the requirements of Memorandums of Agreement and Contracts between Mecklenburg LME and provider agencies. Providers are strongly encouraged to share this resource with their staff to ensure that they are aware of the information that it contains.

⇒ **Consumer Diagnosis and IPRS Target Populations:** In an effort to ensure accurate claim submission, it is important that the diagnosis and the target population correspond. All diagnoses submitted must fall within the diagnosis range for IPRS consumers to be valid. Additionally the diagnosis must correspond to the appropriate target pop. For example: The provider submits a DX of Major Depressive Disorder, Single Episode Moderate (296.22) for an adult. The applicable target pops are AMI and AMIVET. Please double check the crosswalk each time to ensure that the diagnosis is covered. [Payment and Reporting](#)

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

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MeckLINK Behavioral Healthcare On the Move:

Tawanna Usher- Tawanna joins MeckLINK Behavioral Healthcare as the Innovations Manager, effective July 11, 2012. She holds a Bachelor's degree in Social Work and a Master's degree in Healthcare Administration. Tawanna joins us from PBH. While at PBH, she served as a Utilization Management Reviewer and most recently as Care Coordination Supervisor. Tawanna has over 14 years of experience in the field of Intellectual and Developmental Disabilities in various roles.

Christy Bergen MA LPC- Christy has accepted the position of UM MH/SA Manager. Christy brings a wealth of expertise in both the substance abuse and mental health arena. Christy has been with Mecklenburg County since 2001. She has proven to be a definite asset to all in demonstrating her knowledge and expertise of UM standards and procedures within her day to day operations.

Chip Kale, LPA - Chip has been promoted to I/DD Manager in UM. Chip possesses a wealth of knowledge in the I/DD arena. His expertise, skills and abilities will serve both enrollees and MeckLINK Behavioral Healthcare as we continue to address the needs of the I/DD population and advance in our knowledge of managing both IPRS and Medicaid behavioral healthcare services in the waiver environment.

Nancy Cody, M.Ed. - Nancy has been promoted to Manager for a New MeckLINK Behavioral Healthcare division devoted to advocacy, education and outreach. She will directly supervise a team of Consumer Representatives and Outreach Education and Information Specialists. Nancy worked for Mecklenburg County more than 10 years, first in the Access program serving homeless and mentally ill adults and more recently as a Consumer Representative.

Kimberley Paul, LCSW – Kimberley has been promoted to AMH Manager of Intake Services Help Desk. Kim will manage a team of Intake Specialist and Case Coordinators who will be responsible for answering administrative questions for enrollees, providers and other stakeholder, Kim has been with the county for over 2 years and worked in the MeckLINK Customer Call Center as a Utilization Review Specialist. She brings a wealth of clinical experience to this role. She is licensed as a Clinical Social Worker with a specialty in Eating Disorder and Women's Mental Health.

CLINICAL CORNER

- ⇒ **Substance Abuse and Mental Health Services Administration (SAMHSA) Report on Monthly Variation in Substance Use Initiation among Adolescents** - In an excellent example of how research findings can be helpful to clinical practice, SAMHSA recently released the National Survey on Drug Use and Health Report focusing on patterns of drug use among adolescents. It indicates that youth between the ages of 12 and 17 are far more likely to start using alcohol during the summer than during other parts of the year. Specifically, more than 11,000 adolescents initiate their use of alcohol during a typical day in June or July; almost double the rate of some other months ([The NSDUH Report](#)). Providers serving an adolescent population might be especially cognizant of this issue as they screen, monitor, and intervene with youth and families during the summer months. For the full report, and other cutting edge information on mental health and substance abuse issues, please visit www.samhsa.gov.

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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.
 - **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.

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- 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".
- 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

- ⇒ **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@anotherlevels.com
- ⇒ > **The next scheduled meeting is Wednesday, August 16th, 2012 at 9 AM Hickory Grove United Methodist Church, 6401 Hickory Grove Road (at the back of the church)**
- **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, August 16th, 2012 at 11 AM Hickory Grove United Methodist Church, 6401 Hickory Grove Road (at the back of the church)**

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

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- ⇒ **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.
- ⇒ **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 (MHA) offers various training opportunities to include QPR (Question, Persuade, and Refer) suicide prevention training, QPR Train-the-Trainer certification course, Mental Health First Aid USA, and Creating a Ripple of Hope: Telling Your Story & Inspiring Positive Change – Advocacy 101 for Consumers & Their Caregivers. 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](#)

Dental Resources for Patients without Dental Insurance

Are they currently enrolled in or eligible for Medicaid?

- In North Carolina, Medicaid provides dental coverage.
- Here is information about which dentists are currently accepting Medicaid patients:
<http://www.ncdhhs.gov/dma/dental/dentalprov.htm>

If they are not eligible for Medicaid:

Physicians Reach Out

- Physicians Reach Out, a program of the nonprofit Care Ring, offers access to comprehensive medical and dental care for qualified residents of Mecklenburg County. Care is provided by an extensive network of volunteer physicians, dentists, and allied health providers who offer their care pro bono. Patients are responsible for some costs, including an application fee, diagnostic tests including dental X-rays, and hospitalization, on a sliding scale. Dental services are generally limited to significant pain relief, not routine or preventive care.
- Criteria are available at <http://www.careringnc.org/programs/physicians-reach-out>.
- The PRO enrollment process can take 4-6 weeks.
- While PRO has many participating dentists, there is limited access to dental specialists (oral surgeons, endodontists). If the patient needs to see a specialist, it may be months before an appointment can be scheduled, if at all.

CPCC Dental Clinic

- CPCC offers a dental lab where student hygienists provide services for children and adults. The CPCC Dental Clinic offers services that hygienists provide, not complete oral care as a dentist provides, but at \$35 it is affordable. http://www.cpcc.edu/health_sciences/dental-clinic
- Patients must call (704)-330-6704 in order to make an appointment

The Urban Ministry Center:

- Has a dental van the 2nd Friday of each month. Patients should contact the center to gain more information.
- Service is only available to the homeless.
- <http://www.urbanministrycenter.org/services-a-programs>

CMC Biddle Point:

- Provides routine dental treatment and preventive care for children up to 15 years of age. Sliding scale fees available for those without dental insurance.
- Patients must call (704)-350-7300 in order to make an appointment.
- <http://charmec.org/mecklenburg/county/HealthDepartment/ClinicServices/Pages/Dental%20Services.aspx>

CMC Sliding Scale Dental Clinic for Adults

- Offers dental assistance to individuals and families that are uninsured. Requires completion of an application and appointment scheduled 1 month prior to first appointment.
- Accepts walk-in visits for established patients of CMC, but spaces are limited.
- Prior to setting up an appointment, patients must call (704)-355-2165 in order to gain information for eligibility and documents required to apply for the program.