

## Provider HotSheet – January 6, 2014

➤ **Next InfoShare - Wednesday, January 15th**

The next Provider InfoShare which will be held from 9-11 am on Wednesday, 1/15/14 at the Covenant Presbyterian Church - 1000 East Morehead Street - Fellowship Hall.

➤ **Please review the NC DHHS news release from 12/17/13 - [LINK](#) - Proposed Consolidation Plan**

➤ **MeckLINK Transition Update**

We will face a few challenges over the next 90 days, but have confidence we can meet these challenges and prosper.

Tomorrow evening, January 7th at 6:00 PM, during the Mecklenburg BOCC meeting, Assistant County Manager Michelle Lancaster will present an update regarding the transfer of Mecklenburg County Medicaid Waiver services to Cardinal Innovations. You can review the agenda for the BOCC meeting [HERE](#). You can watch this meeting on your television via the local government channel or online [HERE](#).

As of December 31, 2013, Cardinal Innovations posted 196 job openings for the Mecklenburg County service area. Cardinal will form a local Community Operations Center (COC) in Mecklenburg County. This office (location yet to be determined) will be the central point for all of the local functions: Care Coordination, Provider Network, Quality Management and Community Partners.

During major change, apprehension cannot be avoided; but know that the transition team is reviewing every area of business to ensure a seamless transition for all of us. Many of you have called to express similar concerns; all of which are being addressed, including but not limited to:

- What is the definition of "good standing" and what happens if a Provider has not been through the MeckLINK Gold Star Monitoring process by March 31st
- A comparison of Waiver services offered between the two MCOs, for example Individual Day Support for IDD consumers, and what these providers need to know regarding the transition
- The plan for those services which are covered by State funds
- Training for the Authorization and Claims system that Cardinal uses and what timeline to expect regarding payment for services
- Mecklenburg County funded services

To be sure your concern is addressed; please continue to reach out to Communications Specialist, [Melissa Marshburn](#) (704-353-1501) with any and all questions. You can also visit the [Q&A document](#) on our website.

➤ **NC Health Choice Child Beneficiaries Transitioned to Medicaid – January 1, 2014**

On January 1, 2014, The Affordable Care Act (ACA) and applicable regulations consolidated many eligibility groups for children under age 19 into one group. Certain mandatory and optional groups in place prior to 2014 have moved into the newly consolidated infants and children groups. ACA mandates minimum Medicaid income limit of 133% federal poverty level for children under age 19.

Due to the increase in the income limits, approximately 70,000 children statewide, and an estimated 7,000 in Mecklenburg County will transition from NC Health Choice to NC Medicaid. Beneficiaries and their families will receive a letter from the NC Division of Medical Assistance notifying the beneficiaries and family of the change in their benefit plan.

MeckLINK is working with DMA to identify children who will transition to NC Medicaid. It is important to note the NOT ALL children with current NC Health Choice coverage will move to NC Medicaid.

Providers can contact the MeckLINK 24 Hr Customer Service Call Center at 704-336-6404 with specific questions.

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### ➤ Clinical Home Providers - Elements of a Functional First Responder System

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 contract with MeckLINK.)**

Representatives from MeckLINK and the Mecklenburg Consumer and Family Advisory Committee (CFAC) will periodically test providers through “Mock Calls” to ensure compliance with these requirements. **Each CABHA with a Medicaid Waiver contract with MeckLINK shall adhere to all requirements as outlined in Clinical Coverage Policy 8A – website [link](#); and Implementation Update #86.** The following elements constitute a Functional First Responder System (FFRS) by CFAC and MeckLINK Behavioral Healthcare:

- 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 (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

### Recommendations to providers regarding the Functional First Responder System:

- Keep MeckLINK informed with up to date contact information
- 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.*

### ➤ Discharge Planning when my agency is the consumer’s Clinical Home - Questions & Answers

- 1. What is a Clinical Home?** While all providers of services to MeckLINK Enrollees are expected to participate in care coordination activities, the Clinical Home provider functions as the lead service provider agency with the designated responsibility for the coordination of a person’s services. MeckLINK identifies a consumer’s clinical home according to a service hierarchy set forth in the [Provider Hot Sheet dated 3-25-13](#). Please refer to this Hot Sheet for additional details regarding this service hierarchy and the responsibilities of the Clinical Home.
- 2. How do I know if my agency is responsible for developing, writing and circulating a consumer’s Discharge Plan?** If your agency is designated as the Clinical Home for the consumer, MeckLINK’s expectation is that your agency will take responsibility for the consumer’s discharge plan. If you are planning to discharge a consumer from your services, first determine if the consumer will need continuing services from another provider post-discharge. Per your agency’s contract with MeckLINK, you must coordinate with the new provider(s). For licensed facilities serving State or Medicaid consumers, follow references listed below.

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10A NCAC 27G			
General References to Discharge of Consumers		References to Discharge Planning	
Code	Service	Code	Service
.0201	Governing Body Policies – Section (a)(3)	.1903	PRTF – Section (c)
.0206	Client Records – Section (a)(1) F	.3103	Non-Hospital Medical Detox – Section (b)
.0209	Medication Requirements – Section (d)(4)	.3203	Social Setting Detox – Section (b)
.1103	Partial Hospitalization – Section (a)	.3303	Outpatient Detox – Section (b)
.1400	Day Treatment – Section (e)	.3403	Residential Treatment for Substance Abuse – Section (d)
.1708	Residential Treatment Level III	.3503	Outpatient Substance Abuse Treatment (b)
.1806	Residential Treatment Level IV	.3703	Day Treatment for Persons with Substance Abuse
.1904	PRTF	.4103	Residential Recovery Programs for Individuals with Substance Abuse and their children – Section (e)
.3604	Outpatient Opioid Treatment	.4403	Substance Abuse Intensive Outpatient (SAIOP) –Section (g)
		.4503	Substance Abuse Comprehensive Outpatient Treatment (SACOT) – Section (b)
		.5003	Facility Based Crisis – Section (a) and (b)

**Note:** *If your consumer is currently being served by multiple agencies, consult the Clinical Home Hierarchy located in [Provider Hot Sheet dated 3-25-13](#) to determine which agency will be identified by MeckLINK as the lead agency for discharge planning. If your agency is not identified as the clinical home per these criteria, you must still notify the clinical home of any discharge.*

### 3. What are the elements of a comprehensive Discharge (DC) Plan?

The State Service Definition regulating the service you are providing to the consumer should list the elements specific to that service. In the event this is not addressed within the Service Definition, here are some commonly accepted best practice DC Plan items:

- A. The reasons for discharge or transition as stated by both the consumer and the provider
- B. The consumer’s biopsychosocial status at discharge or transition
- C. A written final evaluation summary of the consumer’s progress toward the goals identified on the Person Centered Plan
- D. A formal plan for follow-up treatment, developed in conjunction with the consumer
- E. The signatures of the consumer, the provider’s representative and the guardian (if applicable)
- F. Current diagnosis and medication(s) at discharge

### 4. Who should be given a copy of the DC Plan?

The consumer or legal guardian should be given a copy as well as the legal guardian, MeckLINK Care Coordinator (if involved), any current or prospective service providers, and any additional person or entity designated by the consumer or legal guardian. An electronic copy should also be uploaded into the consumer record via the “Clinical Docs” section of Alpha.

### 5. If I know a discharge is coming soon for a consumer, who needs continued care, what are my responsibilities?

- First, refer to your own agency policies and procedures on how best to handle consumer discharges in an ethical and contract compliant manner.
- Given the consumer’s current biopsychosocial assessment, exercise sound clinical judgment to determine what the most appropriate choice(s) for continued services may be.
- Discuss with the consumer, his/her guardian and other significant support personnel what your recommendations for the consumer are during discharge planning.
- After reaching consensus on the next step(s), contact one or more service providers to determine which one(s) would be the best fit for your consumer.
- Write, have signed and circulate the completed DC Plan (see item 2 above) to all concerned either 60 days (for IDD) or 30 days (for MH/SA) in advance of the anticipated discharge date per your contract with MeckLINK.

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- Follow up to make sure that your recommendations are being followed to the best of your ability; if a MeckLINK Care Coordinator is involved in the case, be sure that this staff person is apprised of all you are doing to appropriately transition the consumer and is helping you to facilitate the movement of the consumer to the next provider(s).
- If a consumer does not have an assigned Care Coordinator, but may benefit from this service, please have the consumer or legal guardian call the MeckLINK Call Center at 704-336-6404. Providers are encouraged to assist with this process.
- Ultimately, it is the consumer/guardian’s choice as to future provider.

**6. Who can I contact at MeckLINK to provide guidance and answer my questions about best practices in discharge planning?**  
 Please contact Sean Meehan ([Sean.Meehan@MecklenburgCountyNC.gov](mailto:Sean.Meehan@MecklenburgCountyNC.gov)) in the Quality Management division for assistance.

➤ **IT Technical Assistance – ALPHA**

If you require technical assistance for passwords, new account inquiry, SAR submission issues, Claim or Billing issues – please fill out the updated form on our website found at this [LINK](#). This form is found off of the [Provider Landing Page](#), in the center, highlighted by a turquoise bar **Request IT Assistance**.

➤ **Service Authorization Requests (SARs) for January 2, 2014**

UM will allow a two week grace period for providers to submit their 1/1/14 SARs, without penalty for lateness.

➤ **NC Innovations Provider**

Respite services provide periodic support and relief to the primary caregiver(s) from the responsibility and stress of caring for the participant. This service enables the primary caregiver to meet or participate in planned or emergency events, and to have planned time for him/her and/or family members. **This service may not be used as a daily service in individual support.**

*Please note that using Respite as a daily service is not allowable according to the service definition. If consumers are in need of additional regularly scheduled supports please contact Care Coordination so that a team meeting can occur to discuss consumer needs.*

➤ **Innovations Behavior Support Plans**

Please remember that when UM IDD approves Innovations funding for the development and implementation of a behavior support plan, it is expected that all caretakers/providers receive a copy of this plan and are consistently implementing the plan, and that a licensed professional is adequately monitoring plan implementation and providing training as needed to all caretakers/providers. For Innovations clients, Specialized Consultation Services can be requested to facilitate the creation, implementation, and ongoing monitoring/training for the Behavior Support Plan.

➤ **Clinical Risk Management**

**Quarterly Incident Reports are due January 10, 2014.** These are the aggregate reports for October through December 2013. Please send your reports to [carol.goerner@mecklenburgcountync.gov](mailto:carol.goerner@mecklenburgcountync.gov).

**IRIS Training in January will be held on January 9, 2014** at the Carlton Watkins Center on Ellington Street. We will do the technical IRIS portion of the training in the computer lab so everyone will have a chance to work on entering information into the IRIS test database. Thanks to everyone who made this suggestion.

➤ **The full 2014 MeckLINK Check Write schedule is found online [HERE](#) under document type CLAIMS.**

Snapshot of upcoming dates: **\*moved due to MLK Jr. Day**

Month	Check Write Cycle	Check Write Date	EFT Effective Date/RA Available Date
	Cutoff Date		
January	1/7/2014	1/14/2014	1/15/2014
	1/14/2014	1/22/2014	1/23/2014*
	1/21/2014	1/28/2014	1/29/2014

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➤ **Registration for AlphaMCS Technical Assistance for Providers**

*If you are interested in these sessions, please follow the process below.*

**You will need to have your AlphaMCS user name and password in order to attend.** If you do not have an AlphaMCS user name and password, you will need to [CLICK HERE](#) to complete the online training. A user name and password will be sent within a few days after completing the online course. You must wait until you receive the user name and password before you register.

**After** you have obtained your user name and password, you will be able to register for the technical assistance session by submitting an e-mail to [mcoprovdertraining@mecklenburgcountync.gov](mailto:mcoprovdertraining@mecklenburgcountync.gov)

1. You will receive an email with a registration form. Complete the form and submit back to [mcoprovdertraining@mecklenburgcountync.gov](mailto:mcoprovdertraining@mecklenburgcountync.gov)
2. You will be registered for the next available session. You will receive a notice informing you of the date and time of the session, as well as the location. **The sessions begin promptly at 9:00 a.m. and end at noon.**
3. Please print the Provider Portal Handbook and bring to the session (found online at the link above).

### PROVIDER COUNCIL REMINDERS AND UPDATES

**The next scheduled meeting for both Sub-Committees is Wednesday, January 15<sup>th</sup> following InfoShare – Covenant Presbyterian Church – 1000 E. Morehead Street.**

Provider Council Sub-Committees – Standing sub-committees have been formed by the provider Council. If you are interested or would like more information, please contact the committee chairs. The committees include:

**Training and Education** – The purpose of the meeting is to promote best practices and collaborative growth in the areas of training, education, understanding and support with regard to state and local processes.

- Lisa Davis (Co-Chair) – Genesis Project 1 – 704-596-0505 – [ldavis@genisisproject1.org](mailto:ldavis@genisisproject1.org)
- Sylvia Hines (Co-Chair) – LifeSpan – 704-393-5916 x 1405 – [shines@lifespanservices.org](mailto:shines@lifespanservices.org)
- Sonyia Richardson, Consultant to Committee/UNC-C – 704-548-5298 [srichardson@anotherlevelservices.com](mailto:srichardson@anotherlevelservices.com)

**Network Development and Project Management** – The purpose of this meeting is to provide recommendations and feedback to the MCO specific to ongoing development of the Provider Network within a waiver environment and to develop information and learning sessions to assist provider in managing quality outcomes.

- Angela Bunting (Co-Chair) – Connections BWB – 704-596-5553 [Angela.Bunting@connectionsbw.com](mailto:Angela.Bunting@connectionsbw.com)
- Diana Levitt (Co-Chair) – Teen Health Connection – 704-381-8374 [Diana.Levitt@teenhealthconnection.org](mailto:Diana.Levitt@teenhealthconnection.org)

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### EDUCATION AND TRAINING OPPORTUNITIES

- **Mecklenburg's PROMISE Peer Support Services and Recovery/Crisis Trainings**  
MeckPromise offers *free* Peer Support Services and *free* Wellness, Recovery & Crisis Education classes for all community members, including consumers, providers, family/friends (no insurance or Medicaid needed!). They are located at 1041 Hawthorne Lane, Charlotte, NC 28205.  
  
For more information call 980-321-4021 or contact Program Manager Kim Roszelle at 980-321-4022 or [Kroszelle@meckpromise.com](mailto:Kroszelle@meckpromise.com). Visit [www.meckpromise.com](http://www.meckpromise.com).
- **The MeckLINK Behavioral Healthcare Training Calendar is [posted online](#).**  
**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).
- **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 their [website](#) or call 704-365-3454 for more information.

### Web Resources

#### **MeckLINK**

- [MeckLINK Homepage](#)
- [MeckLINK HotSheet Archive](#)
- [MeckLINK Provider Document Library](#)

#### **NC DHHS - DMA**

- [NC Division of MH/IDD/SA Homepage](#)
- [Glossary of Terms and Acronyms](#)
- [NC Division of MH/IDD/SA Implementation Updates](#)
- [The Commission for Mental Health, Intellectual Developmental Disabilities and Substance Abuse](#)
- [NC Innovations and CAP-MR/IDD waivers COMPARISON](#)
- [DMA – 1915 \(b\)\(c\) Waiver Updates](#)
- [DMA Medicaid Bulletin](#)
- [LME-MCO Medicaid Recipient Appeal Process](#) (per federal CFR 438.400)

#### **NC Legislature**

- [General Assembly](#)
- [Joint Legislative Oversight Committee for MH/IDD/SA](#)

#### **Peer Support Specialist**

- [UNC BHRP NC Certification Information](#)

To share suggestions, input, feedback, questions and concerns regarding the Hot Sheet, please contact Chuck Hill, Director of Provider Relations and Network Development at [Charles.Hill@MecklenburgCountync.gov](mailto:Charles.Hill@MecklenburgCountync.gov).