

Provider HotSheet – January 13, 2014

HOT TOPICS

- **InfoShare for this Wednesday, January 15th has been CANCELLED**
The Provider General Membership meeting for this month has also been cancelled. Stay tuned to regular and special HotSheets for new information on the transition as it is provided. To be sure your concern is addressed; please continue to reach out to Communications Specialist, [Melissa Marshburn](#) with any and all questions - (704-353-1501).
- **MeckLINK Transition Update**
Click [HERE](#) to review the January 7th Mecklenburg BOCC meeting where Assistant County Manager, Michelle Lancaster presented a brief update regarding the transfer of Mecklenburg County Medicaid Waiver services to Cardinal Innovations.

NEW TOPICS

- **REMINDER - Person-Centered Comprehensive Prevention and Intervention Crisis Plan**
The new PCP Comprehensive Crisis Plan is required for any individual who is receiving Enhanced Services and who meets the criteria defined as being at higher risk for a crisis incident (NOTE: Refer to table in [Communication Bulletin #139](#)). An individual can receive “basic services” and still meet the requirements to have the PCP Comprehensive Crisis Plan developed. *For example: An individual receiving Medication Management who does not appear for scheduled appointments and is at risk for inpatient or emergency treatment.*

Additionally, it applies to individuals:

- who do not appear for scheduled appointments and are at risk for inpatient or emergency treatment
- for whom a crisis service has been provided as the first service in order to facilitate engagement with ongoing care
- discharged from an inpatient psychiatric unit or hospital, a Psychiatric Residential Treatment Facility, or Facility-Based Crisis

This additional crisis plan is required for any individual who entered services as of **January 1, 2014** when those services met the usual standards for which a Person Centered Plan is required and when he or she also met the criteria as defined in [Communication Bulletin #139](#).

For an individual who was **already receiving services** and who already **has a Person Centered Plan**, the new Crisis Plan should be implemented during **the next meeting to revise a Person Centered Plan**.

Individuals who are receiving Enhanced Services and who **do not meet the additional criteria** as defined in [Communication Bulletin #139](#), may continue to use the current 1 page Crisis Plan developed.

- **NC Innovations Providers**
Update to NCDHHS Clinical Coverage Policy 8P which can be found at [LINK](#).

7.2.7 Progress Summary

Service providers, Agencies With Choice, and Employers of Record are required to complete progress summaries for rehabilitative services to reflect the beneficiary’s progress toward the short-range goal and long-range outcomes that have been implemented in the Individual Support Plan for any of the following Innovation services: Community Networking; Day Supports, In-Home Skill Building, In-Home Intensive Supports, Residential Supports and Supported Employment.

- **Provider Resource Library Updates**
Confidentiality and Protection of Consumer Information – [IM-03](#)
Person-Centered Comprehensive Prevention and Intervention Crisis Plan – Found at this [LINK](#) under Complete Provider Resource Documents and the subtitle FORMS.
- **NC VOTER ID Cards**
North Carolina is now issuing free photo ID cards to those residents without a picture ID or drivers’ license. Beginning in 2016, NC voters will be required to show photo identification at the polls. Details on the process to obtain a no-fee ID card is found on the [NC Division of Motor Vehicles website](#).

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➤ **Top 5 Claims Denial Reasons for January 1-7, 2014**

| Reason Code | Denial Reason Description |
|-------------|--|
| 4 | <p>Basic Units: The total number of basic units has been exceeded. For certain services, usually Evaluations and Outpatient Therapy. Adults get 8 units covered without an authorization and children get 16. Basic units are renewed at the beginning of every fiscal year. They follow the patient across providers.</p> <p>RECOMMENDED ACTION: Providers will need to enter a SAR for the service they are trying to get approved. Please contact the call center at 704-336-6404 for assistance.</p> |
| 40 | <p>Weekly limit exceeded: The service has a limit on the amount of units that can be billed per week. Either the claim has exceeded that limit or that the claim in addition to other claims (for that same week and services) has exceeded the limit</p> <p>RECOMMENDED ACTION: Limit to occurrence of service billable per week. If necessary, submit a SAR for service authorization. Adjust off charges and do not re-file. Only if service is billed in error, file adjusted claim.</p> |
| 3 | <p>AUTHED UNITS EXCEEDED: The service on the claim was authorized. However the provider has gone over the amount of units on the authorization.</p> <p>RECOMMENDED ACTION: Verify units authorized and provided. The provider will need to enter a new SAR for the service. Contact MCO if possible. Do not re-file if authorized units are truly exceeded.</p> |
| 1 | <p>Adjusted- Above Contract Rate: The rate charged in the claim is higher than the rate that is in the provider's contract</p> <p>RECOMMENDED ACTION: If the MCO or Provider determines that the higher rate is correct, the MCO can adjust the rate in the Maintain Provider Information Module. The Provider should not resubmit the claim. If the higher rate is incorrect, the claim will be paid at the Provider's contracted rate.</p> |

➤ **2014 MeckLINK Check Write Schedule - online [HERE](#) under Complete Provider Resource Documents and the subtitle CLAIMS**
 Snapshot of upcoming dates: *moved due to MLK Jr. Day

| 2014 Month | Check Write Cycle | Check Write Date | EFT Effective Date/RA Available Date |
|------------|-------------------|------------------|--------------------------------------|
| | Cutoff Date | | |
| January | 1/14/2014 | 1/22/2014 | *1/23/2014 |
| | 1/21/2014 | 1/28/2014 | 1/29/2014 |
| February | 1/28/2014 | 2/4/2014 | 2/5/2014 |

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

UM will allow a two week grace period for providers to submit their 1/2/14 SARs, without penalty for lateness. **The deadline is this Thursday, 1/16/14.**

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PREVIOUS TOPICS

➤ **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.

➤ **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.

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- 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.

| 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.

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- 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.
- 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) in the Quality Management division for assistance.

➤ **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 mcoproducertraining@mecklenburgcountync.gov

1. You will receive an email with a registration form. Complete the form and submit back to mcoproducertraining@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 Provider General Membership meeting for this month has been cancelled.

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@genesisproject1.org
- Sylvia Hines (Co-Chair) – LifeSpan – 704-393-5916 x 1405 – shines@lifespanservices.org
- Sonya Richardson, Consultant to Committee/UNC-C – 704-548-5298 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
- Diana Levitt (Co-Chair) – Teen Health Connection – 704-381-8374 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. Visit 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.

➤ **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.