

AMHC Provider Forum  
Edgewood Drive  
Tuesday, February 23, 2010  
1:00 p.m. – 4:00 p.m.

1. Introductions/Welcome – Bland Baker
  
2. Community Support Transition Update– Nancy Cleghorn
  - a. If you are an agency providing Community Support you are communicating back and forth with a lead from ECBH that is assigned to this project.
  - b. If you are company that does Community Support and you fold that part of business without giving us a 30 day notice and do not transition your consumers appropriately then we have been instructed to report your agency to The Division which goes directly to DMA.
  - c. On your spread sheet if they are down to 4 hours a month you can consider them as transitioned. Make a note of this on your spreadsheet.
  - d. We will continue to look at that data and monitor those consumers transitioning out.

Level III Transition Update

- a. Started with 222 children in Level III and 15 children in Level IV group homes and now we have a total of 90.
- b. Down to 82 children for Level III and 190 or so beds.
- c. Please continue working with System of Care (SOC) staff and thank you for doing this.
- d. Discussed juveniles at risk for inappropriate sexual behaviors directly from operations manual. At risk is determined by an evaluation performed by a sex offender treatment expert.
  1. Page 104 describes expert. An expert is eligible for clinical membership for ATSA which is a National Organization. They do not actually have to be in that organization but have to be eligible to be a clinical member.
  2. If there is any kind of sexual offending behavior that has happened, the child needs an evaluation by that expert.
  3. Then the expert will talk about how the child is at mild, medium, or high risk so the child's plan can adequately address safety.
  4. Level III Residential if you are serving consumer that has sex offender treatment, group home has to be supervised by sex offender expert available per shift.
  5. Contract needs to show that you can call expert day or night.
  6. Supervision from the expert is required if you have a child that has or is at risk for inappropriate sexual behavior. This needs to occur until the treatment is over and child no longer at risk.

3. Implementation Bulletin #67 – Bland Baker
  - a. For PSR, you have to start using new PCP February 1<sup>st</sup>. The new format should be used for anyone you admit on or after 2/1/10. There will be no more introductory PCPs.
  - b. If you send old format to VO it will be denied.
  
4. Implementation #68 – Bland Baker
  - a. Discussed lifting of restrictions for CST, CADT and IIH.
  - b. Required providers to resubmit new application if you were somewhere in the middle of the process.
  - c. If your visit was already scheduled but cancelled due to CABHA then visit will be re-scheduled.
  - d. Are excepting applications, no more restrictions at this time.
  - e. Timeframes are still extended.
  - f. July 1<sup>st</sup> CABHA date still effective.
  - g. CADT service definition is approved and effective April 1<sup>st</sup>.
  - h. Issues around CST and IIH have gone back to be redrafted and put back up for comment.
  - i. Targeted case management for consumers is going to 3 hours a month. Additional 6 hours for a year is being allowed if doing assessment or for crisis issues.
  - j. PCP Process
    1. Much simpler
    2. Can start using March 1<sup>st</sup> but do not have to use until July 1<sup>st</sup>.
    3. If you admit anyone new, use new PCP.
  - k. CABHA requirements for Medical Director
    1. Reviewed Criteria
  
5. Endorsement Process Review – Bland Baker
  - a. Discussed handout regarding application process list.
  - b. Pull Notification of Endorsement Action (NEA) letter that has business verification on it and send with application.
  - c. When you submit application, we are still under extended timeframes.
  - d. Discussed what it means to be endorsed and being ready to provide service.
    1. Conditional period now over, either endorsed or not.
    2. Plan of Correction (POC) for Endorsement no longer being used.
    3. It is the expectation of Division and ECBH that you have staff in place and are ready to go.
    4. If you have people that you have hired but they are working for another agency then you are not ready.
    5. It is about being ready to go today.
    6. Supervision piece is looked at and is expected to begin once the employee is hired.

- a. Contract between worker and supervisor stating when you will meet and what will be discussed.
  - b. Needs to be specific to the individual.
  - c. Needs to start from date of hire.
  - d. Supervision plan is not about consumer but is about supervising worker and the skills and weaknesses of worker.
  - e. All of these things demonstrate readiness to provide service.
6. Business Verification/Re-Endorsement Process – Bland Baker
- a. Discussed handout - bulletin #54
  - b. If your business verification is getting ready to expire you have until March 31<sup>st</sup> to get in.
  - c. Send in current Certificate of Insurance
  - d. Send in any changes to agency
  - e. Send current license
  - f. Accreditation letter
  - g. All of this goes to lead provider.
  - h. Please send NEA letter that has business verification so we will know when it runs out.
    - 1. Will re-new Memorandum of Agreement (MOA) as well
    - 2. Will send new NEA
  - i. Re-endorsement – if done is 2006 then probably getting ready to run out or already has run out.
  - j. If provider is in good standing we can issue a new NEA letter and extend endorsement or can go back on site and do new visit using new check sheets.
  - k. Let us know if NEA running out so we can handle endorsement.
7. Certificate of Insurance Review – Bland Baker
- a. Still getting a lot of calls about insurance issues.
  - b. This was done by an insurance person that we have used in the past.
  - c. We are going to have insurance training next time we meet.
  - d. We sometimes have trouble getting insurance certificate. This affects endorsement as well.
  - e. Go ahead and send copy of insurance to Becky Smith.
8. Treatment of Co morbid diagnosis – Nancy Cleghorn
- a. Discussed hand out
  - b. All consumers should receive appropriate services based upon diagnoses.
  - c. Must serve whole person
  - d. Not acceptable to serve Mental Health diagnosis and refer out for Substance Abuse treatment.

- e. If there's any indication of substance use without a diagnosis then consumer needs to be evaluated to rule out SA.
  - f. Full sustained remission is still a substance abuse diagnosis and needs to be treated as such according to scope of practice.
  - g. If you are a provider agency staff and are not licensed or certified and delivery services to a person with a substance abuse diagnosis, you must be supervised by a certified clinical supervisor.
  - h. A Certified Substance Abuse Counselor (CSAC) must be supervised by a Licensed Clinical Addictions Specialist (LCAS). If they are not CSAC then they have to be supervised by the Certified Clinical Supervisor (CCS) or Clinical Supervisor Intern (CSI).
  - i. We do not require but recommend registration with the NC Substance Abuse Professional Practice Board.
  - j. Adequate and appropriate supervision are requirements for endorsement.
  - k. If you have contract with agency instead of individual have to have prior written approval from LME.
  - l. Should be able to see evidence of this through supervision plans and notes.
  - m. If SA DX and treated with uncertified staff without supervision, will proceed with recommendation to withdraw endorsement.
  - n. Co morbidity should be addressed in program description, job description and policies and procedures.
  - o. Make sure staff is adequately trained on policies and procedures.
  - p. Law occurred in 2005 regarding this.
  - q. While this procedure is in draft it also applies to consumers who may have a diagnosis of Developmental Disability and a Substance Abuse condition. If you provide case management to a person with developmental disabilities and they have a co-occurring alcohol dependence or disorder, your staff would have to have the same kind of supervision staff would have to have that had Mental Health and Substance Abuse. This applies if you are delivering ADVP or Group Living Moderate or Supported Living or Supervised Living or any of these services. This does not just apply to MH and SA but it applies to all the populations for which you may receive state or federal funding to provide treatment or habilitation/treatment. If you do not serve these populations then your procedures have to indicate that as well. Even though procedure is in draft, law has been in effect since 2005.
9. Critical Access Behavioral Health Agency (CABHA )Update – Bland Baker
- a. The Division is currently reviewing letters of attestation.
  - b. CABHA date still July 1<sup>st</sup> and if you are providing one of those three services then the endorsement will be withdrawn.
  - c. Not everyone has to be a CABHA because there are other stand alone services.
  - d. We will be talking more about CABHA as we get more updates from the Division.

10. Website Update – Bland Baker

- a. You are now allowed to go on website and enter your own information when you add services or change staff or any other changes in agency.
  - 1. Only list the counties that you can provide services to in less than 2 hours away from where you are.

11. Complaint Process Review – Cham Trowell

- 1. We can receive complaints by fax, email, through our website or by telephone.
- 2. If we receive a complaint about your agency, we will send you a letter through the mail letting you know that we received the complaint and what it is reference to.
- 3. We are asking that you please adhere to timelines in the letter.
- 4. Let support staff members know they need to open mail because there are strict timelines regarding complaints.

12. Housing Update – Amy Modlin

- a. Explained housing coordinator positions
- b. Still learning housing resources and compiling information
- c. Housing coordinators positions are to support the provider in finding housing for the consumers, not to directly assist the consumers.
- d. Discussed Homeless Prevention
  - 1. Covers all of AMHC area
  - 2. Helps people in danger of losing housing
  - 3. Can help with rent but not mortgages
  - 4. Housing case management by looking at what is causing the homelessness.
- e. Discussed Rapid Re-Housing
  - 1. For people that are already homeless
  - 2. Discussed program criteria

13. Evidence Based Practices – Bland Baker

- a. Discussed hand outs.
- b. If we get more, we will share with you.

14. ECBH & AMHC benefit plan next year – Cindy Ehlers

- a. Asked questions to get feedback on how we are doing.
- b. If there is a concern then a complaint should be made so it can be investigated and resolved.
- c. ECBH and Albemarle have two separate benefit plans but when we merge there will be one plan and we want input.
- d. Discussed AMHC benefit plan (state funded only)

1. A large percent of the money that comes to Albemarle is still going to pay for Outpatient services.
  2. Next Level is DD Adult Group homes and ADAP.
  3. Next would be developmental therapy.
  4. Currently no endorsed benefits in Adult Mental Health or Substance Abuse being provided in the Albemarle catchment area. None of those services have been requested.
  5. All Outpatient services that Port and HSP provide are currently no prior authorization required. What that means is clients can walk through the door and get these services without getting a prior authorization.
  6. Currently do not require authorization for state funded SACOT.
  7. The only ones left that are getting authorized are for Developmental Disabilities.
  8. We have a lot of Respite but it is not being utilized very much.
  9. Are going to be having meeting with those providers that are ARC HDS – DDA Home Provider Agencies.
  10. Audience was asked if psychiatry is an issue in the AMHC area.
  11. Audience was asked if there were any other needs or gaps that needed to be addressed.
15. Evidenced Based Practices – Matrix Intensive Outpatient TX for People with Stimulant Use Disorders – Bland Baker
- a. ACT and Supportive Employment are evidenced-based practices.
  - b. Discussed Substance Abuse Matrix
16. ECBH Initiatives and Future Opportunities Update Waiver Updates RFPs & Grants – Cindy Ehlers
- a. What does a waiver mean to you?
  - b. Right now you are in a fee for service environment so everything you do you get paid per day or 15 minute unit.
  - c. Under a waiver you can have things like case rate payment where you get a set amount of money for each person that you have a month.
  - d. Sub-capitation is another way.
  - e. Discussed Shared Risk.
  - f. Another way of doing contracts is pre-paid such as Facility based crisis.
  - g. Time to start getting educated about what it is to be in a waiver environment.
  - h. Please read about the waiver on DMH website and on the Piedmont Behavioral Health website.
  - i. We filled all of the CAP slots. Still have 112 on waiting list for CAP-MR/DD funding. Please advocate for getting more slots.
  - j. We have been told by The Division that we are looking at a 5% to 7% additional cut for money for the next fiscal year. You will see this in benefit plan that comes next fiscal year.
  - k. For Albemarle counties, in the next couple of weeks, announcements from System of Care (SOC) at community collaborative small grants for startup programs for children.

1. Discussed various examples of programs these grants could be used for.
  2. Look for more information in ECBH provider alert.
- l. Will be requesting proposals for Day Treatment but will need to meet CABHA standards. PSR also requiring CABHA eligibility with CABHA status.
  - m. Start up ongoing support for therapeutic foster care Level II capacity. Looking to fund management presence of individuals who could come over here and train families. Limited to 2 or 3 page proposal and a budget.
  - n. Looking for proposals in the area of developing alternative family living situations for adults with developmental disabilities and severe, persistent mental illness.
  - o. Will also be looking for proposals for transitional for people stepping down from state psychiatric hospitals or substance abuse facilities.
  - p. Final thing we will be sending RFP out for is a crisis rest facility. This facility would be able to take people that mobile crisis would be picking up and needing a place to go but not necessarily needed hospitalization.
  - q. Also looking for proposals for those providers interested in evidenced based practice models for treatment that are also interested in collaborating with other providers.
17. Announced a save the date for May 19<sup>th</sup>. ECBH will be hosting training at Bob Martin Center in Williamston for MH, DD, and SA. Would love for consumers to come as well. Liza Wainwright will be key note speaker and she will be talking about changes in the system as they are here now. Lunch will be provided and it will be free for the first 400 people that register.

18. Questions and Answers

19. Next Meeting will be March 29, 2010 at 1:00

Approved by Bland Baker

Recorded by Stefanie Horton