

ECBH Provider Forum
Agricultural Center
Wednesday, March 3, 2010
1:00 p.m. – 4:00 p.m.

1. Introductions/Welcome – Bland Baker
2. STR/Access Update – Michelle Lewis
 - a. Reminded all providers that there is no wrong door policy when you are dealing with the consumers. What this means is, if someone comes to your agency seeking admission to your service that you should complete the STR discharge/admission form. When a consumer presents to your agency for the first time, you are expected to complete that form and send it in via Provider Link. That would be a wonderful way to do your part of the intake and gather information there because it has a lot of detailed information and that can be part of your screening.
 - b. We are trying to collect information on providers that offer appointments after 5:00. Our Access Department is having an increased number of people who are requesting appointments after 5:00. Please see Michelle after the meeting if you are available to do this and would like for your name to be added to a list to be offered as an option to the consumers requesting this. Once slot management in CMHC begins to work properly then you can fill in your available times anyway.
 - c. Reminded everyone that even though the complaint process is centralized primarily through the Access department anyone in ECBH can take a complaint. We have incorporated a new process and part of that new process is to make sure that providers are incorporating their own QA/QI process. We are trying to allow the providers to do their own internal investigation as long as it is appropriate and report those findings back to us. When you get a request or an investigation from your agency, there are specific timelines that you have to adhere to that are outlined in the letter that you get. Make sure that the person opening the mail in your agency is aware of how critical it is and that these requests get to the correct person within your agency so that you can begin your investigation. If you do not adhere to the timelines it could result in a possible triggered monitoring or even a possible endorsement withdrawal. Letters will come certified.
3. Target Pop Update – Bland Baker
 - a. We have had a lot of issues with people being in the right target pop. There is a website on the agenda that will give you the most updated information on Target Pops at the moment. The website is <http://www.dhhs.state.nc.us/mhddsas/iprsmenu/> . Services could be denied

if consumers are not in the correct target population. For example, if Developmental Therapy is being billed for a consumer in a mental health target pop it will result in a payback. It is a good idea to go back and check your target pops and make sure if consumers are getting Developmentally Disabled services that they are in a DD target pop. If they are getting Mental Health services then they should be in a MH target pop. Go to the website and it will show you the crosswalk of services based on the target populations.

4. Crisis Planning/Crisis Response – Bland Baker
 - a. When we come out and do a monitoring and look at consumer records there are always a lot of holes in the crisis plan.
 - b. The crisis plan should become more detailed as you learn more about the consumer and what their behaviors and triggers are.
 - c. One of the questions on the check sheet on the monitoring tool addresses the person-centered plan and crisis plan.
 - d. Mobile Crisis and Respite, Facility Based Crisis should be in the plan and Hospital should be the last resort.
 - e. One of the many issues we are having with the crisis plans, particularly with the DD population, is that it is very difficult to find placement for someone that does have a DD diagnosis. Don't forget DD Start as an option. They have meetings where you can come and present cases and get help trying to manage the DD consumers.

5. Best Practice/Evidence Based Practices – Bland Baker
 - a. Discussed handouts related to Evidence Based Practices.
 - b. As ECBH moves forward we are looking for providers that are doing Evidenced Based Practices.
 - c. As you research EBP and decide what model you will use in your practices.

6. Upcoming Trainings – Bland Baker
 - a. There is a CMHC training March 16, 2010 at the Leslie Building at Pitt Community College.
 - b. Since Value Options is no longer doing paper authorizations, we are creating a place in CMHC for services that are being billed through the LME.
 - c. When you submit an authorization request to Value Options, you will also go into CMHC to add the request and you will get your letter of authorization letter back this way.

7. Implementation Update #70 – Bland Baker/Michelle Lewis
 - a. Discussed CABHA
 1. One of the most important things is that CMS has approved a State Plan Amendment (CSPA) that supports the rule that only providers that are certified as CABHA after July 1, 2010 can provide CST, IIH and Day Treatment.
 2. Further down in the Implementation Bulletin it clearly states if you plan on delivering CST, Day Treatment or IIH, you have to submit a letter of attestation to the state by April 1st.

3. A letter of attestation is very different from a letter of intent. They are not taking letters of intent any longer, only letters of attestation.
 4. To submit a letter of attestation you have to have your doctor hired and on staff for three months, have your outpatient therapy/master's level licensed clinical director on staff for three months and have to be providing those core services for three months and be on the payroll. If you do not have all of that in place by April 1st according the state plan amendment then you will not be able to get endorsed for it.
 5. There is an updated letter of attestation on the website and it has been revised to include services within a continuum that have to be geographically located within a 35 mile radius.
 6. Implementation Bulletin spoke a whole lot to the continuum of care, what that means and how you have to describe that in your letter of attestation to the state.
 7. Discussed CABHA medical director exception.
 8. According to IU#70, if you know it is not possible that you will be a CABHA, you have to start assisting the LME with planning and implementing a transition plan for consumers served by your agency for CST, Day Treatment and IIH.
 9. If you have achieved certification as a CABHA then you need to complete another Medicaid Enrollment Application to obtain the CABHA billing number.
 10. We have been advised not to advise providers on how to make mergers and acquisitions happen. There are three different sections about how this affects your endorsement, your accreditation and Medicaid enrollment. Any time you make any changes you are obligated to notify Medicaid, the LME and your accreditation agency. When two agencies merge resulting in the creation of a new corporation a new endorsement is required. Make sure you have a lawyer involved with this.
- b. Cost Reports have been suspended. Continue to record the information so when it is reinstated you will have the information.
 - c. Psychosocial Rehab services may now be documented weekly instead of daily as of March 1, 2010. Policy and procedure should be updated to reflect this.
 - d. Day Treatment check sheets and instructions are out now and appear to be more in line with the service definition.
 - e. You cannot be endorsed for Day Treatment unless you have a signed MOA established between the provider, local educational agency (LEA), and the LME.
 - f. When it comes to billing case management and you need more than three hours, bill the same code with the exception of using the SC modifier behind it.
 - g. H-code billing for outpatient has been extended to June 30th 2011. You can continue to bill through the LME until this date.
 - h. If you owe any money to Medicaid that is over 30 days late and you do not have a payment arrangement made then Medicaid will stop paying for services. As long as a payment arrangement is in place then payments to providers will continue.
 - i. There are tool kits available to help people with disabilities participate in the upcoming CENSUS to help create additional funding.

11. Questions and Answers

12. Next Meeting will be April 21, 2010 at 1:00