



East Carolina Behavioral Health

*servicing...Beaufort, Bertie, Craven, Gates, Hertford, Jones,
Northampton, Pamlico, & Pitt counties*

ECBH Provider Forum
October 2, 2009
Pitt County Agriculture Center Auditorium
1:00-4:00

Bland Baker:

- a. made the introductions of staff
- b. reviewed the agenda
- c. made providers aware of the comfort agreement

Bryan Allen:

- a. Exchange E-mail Server—not presented

Fonda Gonzales: CAP-MR/DD Waiver Provider National Accreditation

- a. Implementation Update #47 has specific guidelines for national accreditation benchmarks based on the new legislation.
- b. Providers enrolled in the Medicaid program or contracting for State-funded services on or after July 1, 2008, and providing services which require national accreditation shall successfully complete all accreditation requirements and be awarded national accreditation within one year of enrollment in the Medicaid program or within two years following the provider's first contract to deliver a State-funded service requiring national accreditation. Providers providing services that require national accreditation shall be required to discontinue service delivery and shall have their Medicaid enrollment and any service contracts terminated if they do not meet the following benchmarks for demonstrating sufficient progress in achieving national accreditation following the date of enrollment in the Medicaid program or initial contract for State-funded services:
 1. Three months (February 2009)—on site accreditation review scheduled by accrediting agency as documented by a letter from the agency to the provider and completion of self-study and self-evaluation protocols distributed by the selected accrediting agency.
 2. Six months (May 2009) On-site accreditation review scheduled by accrediting agency as documented by letter from the agency to the provider
 3. Nine (August 2009) Completion of on-site accreditation review, receipt of initial feedback from accrediting agency, plan to address any deficiencies identified developed
 4. If a provider's Medicaid enrollment or service delivery contracts are terminated as a result of failure to meet accreditation benchmarks or failure to continue to be nationally accredited, the provider will work with the LME to transition

consumers serviced by the provider to other service providers in an orderly fashion with 60 days of notification by the LME of such failure.

5. A provider that has its Medicaid enrollment or service delivery contracts terminated as a result of failure to meet accreditation benchmarks or failure to continue to be nationally accredited **may not reapply for enrollment in the Medicaid program or enter into any new service delivery contracts for at least one year following enrollment or contract termination.**

Fonda Gonzales: ECBH website changes:

- a. Modify search for providers
- b. County specific
- c. Type of service
- d. Diagnosis
- e. Will allow provider to update system for website

Fonda Gonzales: Credentialing for IPRS Contracted Providers:

- a. The NC Division of MH/DD/SAS has mandated that all LME must attain national accreditation for system management functions no later than December 31, 2009
- b. The first step in establishing a credentialing program that complies with URAC standards is to ensure that all IPRS providers have completed a “credentialing” application
- c. The credentialing application process is crucial. Once ECBH LME has approved a credentialing application and granted IPRS network participation, the provider is listed in the Provider Directory. Only fully credentialed providers are listed in the ECBH Provider Directory.

Nancy Cleghorn: Community Support Transition

- a. Per IU #61—no new admissions to CSS effective January 1, 2010
- b. Update #60 states effective June 30, 2010, CSS will not be a covered services under the NC State Medicaid plan
- c. EPSDT is an exception to this
- d. Reauthorizations requests must be accompanied by a discharge plan to determine medically necessity
- e. Primary focus will be for consumers considered “High Risk”—most vulnerable population
- f. Providers will receive an excel spreadsheet with a listing of all consumers with CSS authorizations
- g. Continue to report twice monthly until all consumers are appropriately transitioned. Transition must occur prior to the termination of the service or closure of agency.
- h. If your agency is closing, you are to give a 30 day prior written notice to ECBH c/o Becky Smith, P. O. Box 1636, New Bern, NC 28563.

Nancy Cleghorn: Residential Update

- a. SOC Coordinator must be invited to CFT meetings to collaborate and work and plan for these youth
- b. SOC will not just sign discharge plans

- c. Care Review Team is a process to assist and offer advice for difficult cases.
- d. Contact SOC for more information

Michelle Lewis: Organizational Changes

- a. Michelle is now the Director of Provider Relations
- b. State has extended time frames for application review
- c. CABHA requirements
- d. Information bulletin #64 addresses Critical Access—CST, IIH, C&A Day Treatment have until July to meet requirements for Critical Access Providers
- e. Providers should not be holding referrals waiting on endorsement or paperwork from state—this is considered a health and safety issue.
- f. Clients should be transferred immediately to a provider doing the service needed.
- g. Process is desk review; clinical review; on-site review
- h. Providers should be prepared to perform services once their application is received
- i. If no clients after 60 days, the provider will be involuntarily withdrawn

The next ECBH LME Provider Forum will be November 2, 2009 at PCCC from 1:00 – 4:00

Approved by: Bland Baker

Date: 1/15/10

Recorded by: Becky Smith