



**MECKLENBURG COUNTY**  
**Area Mental Health, Developmental Disabilities and**  
**Substance Abuse Services**  
 July 30, 2012

***PROVIDER HOT SHEET***

⇒ **Agency Application Process for participation in the 1915(b)(c) waivers through MeckLINK Behavioral Healthcare:** MeckLINK Behavioral Healthcare has posted the DMA Standardized Enrollment Application for Agencies on the [Provider Home Page](#). In addition, MeckLINK Behavioral Healthcare has posted narrative instructions and a process map for the application process, an application review check sheet, a policy and procedure review check sheet, and a self-study review sheet. It is MeckLINK Behavioral Healthcare's desire for providers to successfully complete the application process and become a contracted partner in the provider network. To be successful in the application process, providers must read and adhere to the instructions for the application. Provider Applications received prior to 5:00 PM, September 30, 2012 will be part of the Standard Review process. Provider Applications received after 5:00PM, September 30, 2012 will be processed in the order they are received. MeckLINK Behavioral Healthcare expects a large volume of provider applications and cannot guarantee applications received after September 30, 2012 will be processed prior to January 1, 2013.

Please note that the DMA Standardized Enrollment Application for Agencies is geared specifically to CABHAs, Specialty Service Providers, ICF-MR Providers, Innovations Providers (formerly CAP-MR), Other Enhanced Benefit Providers, and Incorporated Providers delivering services other than or in addition to Outpatient Behavioral Health Services. This is not the application for Licensed Independent Practitioners (LIPs) or Group/Outpatient Practices will complete to join the network. MeckLINK Behavioral Healthcare is currently finalizing the LIP application and process and will release it in the very near future. When the LIP application is released it will also include narrative instructions and a process map for LIPs and/or Group/Outpatient Practices to follow.

In keeping with the N.C. Medicaid Special Bulletin, eligibility for providers/practitioners to join the network is based on having submitted claims for Medicaid services provided to consumers with Medicaid originating from Mecklenburg County during the 60 days prior to submitting an application. If a provider is actively serving consumers with Medicaid originating from Mecklenburg County and has not submitted claims for those consumers during the 60 days prior to submitting their application, the provider must show evidence of actively serving those consumers. Additionally, providers should not view this as an opportunity to expand their service array. MeckLINK Behavioral Healthcare will only approve and contract for the services a provider has submitted claims for during the sixty (60) days prior to application or is actively providing to consumers with Medicaid originating from Mecklenburg County.

MeckLINK Behavioral Healthcare's Provider Network will be in place as of January 1, 2013. Once the Network is in place, provider recruitment for new services and gaps in services will be addressed through MeckLINK Behavioral Healthcare's Request for Proposal (RFP) process.

For questions regarding the Agency Application Process please contact Chuck Hill at [Charles.Hill@mecklenburgcountync.gov](mailto:Charles.Hill@mecklenburgcountync.gov).

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- ⇒ **NC DHHS Reports and Presentations:** - The Human Services Research Institute (HSRI) recently gave a presentation to the NC DHHS Waiver Advisory Committee (DWAC) on "Establishing a Resource Allocation Model For Service Recipients with Intellectual and/or Developmental Disabilities - Innovations Plus -". HSRI addresses 1. The Challenges Faced by Policy Makers, 2. Developing Resource Allocation Models including the process used to establish individualized budget allocations, Budget levels, and Service planning, and 3. How Does the Resource Allocation Process Work? HSRI also addresses the resource allocation framework LME-MCOs will use in implementing the Innovations Waiver. This presentation has been posted to the "[News and Features](#)" section of the [MeckLINK Behavioral Healthcare website](#) under [NC DHHS Reports and Presentations](#).
- ⇒ **Scheduling of Care Review Meetings:** - Effective immediately Sa'idah Sudan (pronounced Sy-eedah) will be responsible for scheduling Care Review Meetings. Please contact Sa'idah by calling 704-336-7455 or emailing her at [saidah.sudan@mecklenburgcountync.gov](mailto:saidah.sudan@mecklenburgcountync.gov).
- ⇒ **Targeted Case Management to Care Coordination Transition Plans** - As MeckLINK Behavioral Healthcare moves forward with becoming an MCO a large part of this change will be the transitioning of Consumers from Targeted Case Management to Care Coordination. MeckLINK Behavioral Healthcare in collaboration with the QTM/Network Development Sub-Committee has created detailed transition plans for both MH/SA and IDD consumers. Please take some time to review these plans. The Care Coordination Division is looking forward to working together with our providers to make this transition a success. These plans are posted to the [News and Features](#) section and the [Provider Resource Library](#) under "Plans" on the [MeckLINK Behavioral Healthcare website](#).

Your single point of contact for all suggestions, input, feedback, questions and concerns regarding the Hot Sheet should be directed to Chuck Hill, LME Director of Network Development and Provider Relations at [Charles.Hill@MecklenburgCountync.gov](mailto:Charles.Hill@MecklenburgCountync.gov) . [Subscribe](#) to the weekly Hot Sheet releases.

**MeckLINK Behavioral Healthcare On the Move:**

**Tawanna Usher, MHA** - Tawanna joins MeckLINK Behavioral Healthcare as the Innovations Manager, effective July 11, 2012. She holds a Bachelor's degree in Social Work and a Master's degree in Healthcare Administration. Tawanna joins us from PBH. While at PBH, she served as a Utilization Management Reviewer and most recently as Care Coordination Supervisor. Tawanna has over 14 years of experience in the field of Intellectual and Developmental Disabilities in various roles.

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**NETWORK DEVELOPMENT AND PROVIDER RELATIONS**

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- ⇒ **Elements of a Functional Responder System** - The Mecklenburg County Consumer and Family Advisory Committee (CFAC) and LME consider the following elements to constitute a Functional First Responder System (FFRS):
- 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.**)

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- 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 of 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.
- **Each CABHA shall adhere to all requirements as outlined in Implementation Update #86 which require the following:**
  - Consistent with 10A NCAC 22P .0302(e), CABHAs shall perform "first responder" crisis response 24 hours a day, 7 days a week, 365 days a year to all consumers accessing CABHA services, as follows: CABHAs shall serve as first responder when any consumer who has been assessed by the CABHA and is receiving services from the CABHA undergoes a crisis. For purposes of first responder requirements, crisis is defined as: a high level of mental or emotional distress, or an episode, which without immediate intervention will foreseeably result in the person's condition worsening, environmental instability or could result in harm to self or others.
  - All CABHAs shall be accessible 24/7/365 to respond directly to consumers and to collaborate with and provide guidance to other crisis responders regarding coordination of treatment for CABHA consumers in crisis. The first responder shall use the crisis plan developed with the consumer to coordinate and communicate with all other crisis responders (*in accordance with HIPAA and 42 CFR Part 2*) to ensure that the crisis plan is implemented.
  - All CABHAs shall have written policies and procedures in place that will be made available to all consumers, and shall include contact information for the consumer to first contact the CABHA rather than other crisis responders, such as hospital emergency departments and mobile crisis management teams. Each CABHA shall provide all consumers with a phone number to contact a live person 24/7/365 for use when crises occur. First response may be telephonic, but face to face intervention shall be attempted prior to referral or if necessary, in conjunction with other crisis responders. If a CABHA refers the consumer to an emergency facility or other crisis responder, the CABHA shall communicate with the crisis responder in order to facilitate coordination of care.

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 Memorandum of Agreement or contract with Mecklenburg LME.) The LME and representatives from CFAC will periodically test providers through Mock Calls to ensure compliance with these requirements.

**Recommendations to providers:**

- Keep the LME informed with up to date contact information.
- Check the LME's website under Provider Services for your agency's web pages. These web pages for designed for consumers so it is extremely important for all information to be accurate.
- 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 providers' 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.

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- 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.

## PROVIDER COUNCIL REMINDERS AND UPDATES

- ⇒ **Provider Council Sub-Committees** – Two standing subcommittees have been formed by the Provider Council. If you are interested or want more information, please contact the committee chairs. The two committees are:
- **Quality Training Management Committee (QTM)** – The purpose of the meetings is to promote best practices collaborative growth in the areas of training and quality management, and understanding and support with regard to state and local processes.
    - ◆ Lisa Davis ,Genesis Project 1, 704-596-0505 [ldavis@genesisproject1.org](mailto:ldavis@genesisproject1.org)
    - ◆ Angela Bunting, BWB Connections, 704-596-5553 [Angela.Bunting@connectionsbw.com](mailto:Angela.Bunting@connectionsbw.com)
    - ◆ Sonyia Richardson. Another Level Counseling & Consultation, 704-548-5298 [srichardson@anotherlevelservices.com](mailto:srichardson@anotherlevelservices.com)
- ⇒ > **The next scheduled meeting is Wednesday, August 16th, 2012 at 9 AM Hickory Grove United Methodist Church, 6401 Hickory Grove Road (at the back of the church)**
- **Provider Outreach Sub-Committee has transformed into the Network Development Sub-committee.** The purpose is to provide recommendations and feedback to the LME specific to the development of a provider network within a waiver environment and to develop information and learning sessions to assist providers in becoming waiver ready.
    - ◆ Jalai Kerr (Co-Chair) Kerr Homes, Inc., 704-779-4376, [Jalai@kerr-homes.com](mailto:Jalai@kerr-homes.com)
- ⇒ > **The next scheduled meeting is Wednesday, August 16th, 2012 at 11 AM Hickory Grove United Methodist Church, 6401 Hickory Grove Road (at the back of the church)**

## EDUCATION AND TRAINING OPORTUNITIES

- ⇒ **MeckCARES** Training Institute offers a full range of high-quality classroom and now [online courses](#) that meet state service definitions and requirements and will empower you to improve outcomes for youth and families. [Register](#) Today!
- Learn about System of Care principles and practices
  - See how Child and Family Teams should operate
  - Gain knowledge, power and respect to strengthen families and improve lives
- ⇒ **Mecklenburg's PROMISE Recovery and Crisis Training Calendar** - MeckPromise is offering free Wellness, Recovery & Crisis Education classes for consumers and providers at our new location 1041 Hawthorne Lane, Charlotte, NC 28205. Please feel free to drop by and see what we've got going on! For more information on our classes please call the main number at 980-321-4021 or John Cunningham at 980-321-4025 or via email at [jcunningham@meckpromise.com](mailto:jcunningham@meckpromise.com) to request a current calendar.
- ⇒ **The [LME Monthly AMH Training Calendar](#)** is posted on-line.

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⇒ **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 website <http://mhacentralcarolinas.org> or call 704-365-3454 for more information.

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### WEB RESOURCES

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[NC Division of MH/DD/SAS](#)  
[NC Division of MH/DD/SAS Provider Endorsement Information](#)  
[NC Division of MH/DD/SAS Implementation Updates](#)  
[Mecklenburg AMH](#)  
[AMH Hot Sheet Archive](#)  
[1915 \(b\)\(c\) Waiver Updates from Division Medical Assistance](#)  
[Comparison: NC Innovations and CAP-MR/DD Waivers](#)  
[LME-MCO Appeal Process \(per federal CFR 438.400\)](#)  
[AMH Provider Document Library](#)