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Transitions to Community Living Initiative

(This information was provided by Emery Cowen with DHHS's Best Practices Team)

The DHHS *Transitions to Community Living* Committee oversees the implementation of the DOJ Settlement Agreement. The Community Mental Health Services section of the agreement is led by the DMHDDSAS Best Practices team who has established various "services" workgroups to receive stakeholder input and ensure evidence-based practice models per DOJ. Per the settlement, the State is required to help people live successfully in the community by developing and/or enhancing community-based wrap-around supports and services for all eligible individuals.

These supports and services are:

Partners Behavioral Health Management communicates Provider Information through Provider Communication Bulletins, its website, www.PartnersBHM.org, and the "Monday Coffee Break" newsletter. If you have any questions regarding this Bulletin, please reference the subject contact, contact your provider specialist, or email questions@partnersbhm.org. All Provider Bulletins and training event information are posted at www.PartnersBHM.org.

- **Supported Employment & Long Term Vocational Supports (SE/LTVS):** The new SE/LTVS service definition is live as of May 2, 2013 and allocated funding for MH/SA has been released to the MCOs. Another allocation letter for FY2014 will be sent later.
 - ✓ Providers will have a “transitional hold harmless” period from now through September to “ramp up” services and meet new requirements. “Group Supported Employment” ends July 1.
 - ✓ DMHDDSAS and the NC Employment First Technical Assistance Center are providing on-site consultation and training in each MCO catchment area to MCO staff and their local providers/stakeholders. All MCOs and stakeholders that attended community forums now have been trained in the new SE models (over 800 staff combined).
 - ✓ Developing a formal process around pilot sites for the IPS model of Supported Employment for next FY. Dartmouth IPS consultant site visit on May 1 & 2 and leadership meeting with DMH, DVR, DMA was held to discuss implementation.
 - ✓ **Goal #1:** by July 1, 2013, the State will provide Supported Employment Services to a total of 100 individuals.
 1. As of the end of April, over 277 individuals with MH/SA are being served by SE/LTVS services per paid claims.

- **Assertive Community Treatment – ACT:** DMA has finalized the new service definition to be implemented July 1. ([Click here](#) to view the service definition) DMH started the ACT Technical Assistance Center through the UNC Center for Excellence in Community Mental Health. The center will guide TMACT fidelity evaluations and training for providers and MCOs. DMH and ACT TA Center plan to hold 3 regional meetings with MCOs on implementation of service definition and plans for fidelity screenings around TMACT between June and July.
 - ✓ TMACT Training was provided in March to over 250 staff from MCOs, providers, and stakeholders.
 - ✓ Collected inventory of teams from all MCOs for initial screening (about 90-95 teams currently in the state). In the process of conducting initial fidelity screenings with teams.
 - ✓ **Goal #1:** by July 1, 2013, all ACT teams in the State will operate in accordance with a nationally recognized fidelity model and the State will increase the number of individuals served by ACT teams to 33 teams serving 3,225 individuals at any one time.
 1. As of May 22- 34 screenings have been completed and 30 teams meet initial fidelity, with 1,972 people served in those teams.

(Please refer any questions on the service to Emery Cowan (emery.cowan@dhhs.nc.gov) or Stacy Smith (stacy.smith@dhhs.nc.gov) and any questions about fidelity screening to Lorna Moser (lorna_moser@med.unc.edu)- any questions about Medicaid and regulations to Kelsi Knick (Kelsi.knick@dhhs.nc.gov)).

- **Peer Support Services:** DMA/DMHDDSAS is in the process of updating the Medicaid B3 service definition for Peer Support for statewide expansion and consistency in practice across MCOs. The PSS workgroup finalized the “Peer Support-Individual” service definition; a “Group” option may be developed later. DMA is reviewing.
 - ✓ Workgroup is assessing new training needs around peer specialty roles throughout the DOJ services (i.e., peer staff providing tenancy support, employment mentoring, engagement and InReach, etc).
 1. First one to be developed will be “Vocational Peer Support” for the Employment Peer Mentors under the new SE/LTVS model

- ✓ Working with UNC BHRP to revise the core curriculum for initial peer training. Also planning the development of a “Train the Trainer” protocol to ensure quality training processes statewide.
- **Tenancy Supports:** Quadel, the new Housing subsidy administrator for the NC Supportive Housing Program is hiring Tenancy Support staff and services. Next step is to develop/finalize required trainings for staff.
 - ✓ Goal #1: By July 1, 2013 the State will provide Housing Slots to at least 100 and up to 300 individuals- every person linked to a housing slot will receive Tenancy supports.

Want to stay informed about the initiative? Visit the new DHHS webpage on the Transitions to Community Living-NC/US DOJ Settlement Implementation:

<http://www.ncdhhs.gov/mhddsas/providers/dojsettlement/index.htm>

Consumer Eligibility

Providers should always verify consumer eligibility prior to delivering any services. Payment for services is based on a consumer’s eligibility; whether it is Medicaid, IPRS (State), Self-pay, or other insurance, including Medicare or private insurance. It is not unusual for a consumer to be eligible for more than one benefit plan, or for the eligibility to change. If you have questions, please contact your Network Specialist or the Partners Access Department.

Provider Network Management

Position Announcement: Partners BHM pleased to announce that Beth Lackey will be moving to the position of Provider Network Director for Partners BHM. Ms. Lackey currently serves as the Mental Health/Substance Abuse Clinical Director, and will transition to her new role in the next few weeks. As referenced in Provider Forum, Sarah Stroud, the current Provider Network Director was recently hired for a position in Partners BHM’s Customer Services Department. Partners BHM would like to thank Ms. Stroud for her leadership during the merger and transition to operations under the Medicaid Waiver.

June Provider Council Meeting: The next meeting of the Partners BHM Provider Council will be held Friday, June 28, 2013 from 9:30 AM - 12:00 PM at Partners BHM-Hickory, 1985 Tate Blvd. SE Hickory NC 28602. The Partners Provider Council serves as a professional representative and advocate for all service providers in the Partners Behavioral Health Management catchment area. All providers are welcome to attend. Providers will meet from 9:30 AM-10:30 AM. Partners BHM staff will join the meeting from 10:30 AM-12:00 PM. If you have questions, please contact John Waters at 828-695-5901. You can also learn more about the Provider Council by [clicking here](#).

June Provider Forum Handouts: All handouts from the June Provider Forum can be accessed by [clicking here](#) or going to the For Providers/Information & Documents section of our website and selecting the Provider Forum category.

Customer Services/Access to Care

Provider Updates From Customer Services: Provider staff that enroll or schedule appointments for individuals should be aware of the following information:

Special Project Enrollment Forms

- Always use the **newest SPEF** on the Partners BHM website. The most recent one is date March 1 and is located in the Information for Hospitals category in For Providers/Information and Documents.
- UNKNOWN **cannot be entered for any question on the SPEF**
- Always complete admission date
- Include maiden name for females (if maiden name unknown-enter consumers current last name)
- If in need of detox question checked yes-include at least one withdrawal symptom and at least one SA diagnosis
- Always include a diagnosis code
- If a substance abuse diagnosis is documented on the form then the drug of choice details must be completed in full. If a poly substance abuse/dependence diagnosis is entered, you must enter **three** substances with details
- Always document a presenting problem
- Always enter the name of the person completing the SPEF

Enrollment Requests

- Check AlphaMCS for an enrollment thoroughly before submitting a **NEW enrollment request.** **If an AlphaMCS number is found... ALWAYS check to see if the consumer has an effective date for STATE and/or MEDICAID insurance.**
- You may now search AlphaMCS, for referred or previously seen consumers, by only **one parameter....** Such as
 - Entering a birth date only
 - Entering First Name, Last Name only
 - Entering DOB, or SSN or insurance policy number only
- UNKNOWN- **may not be entered to answer any question on the enrollment**
- ALWAYS include **ADMISSION date.** **Admission date should be the same as the Date of Screening and should never be prior to the Date of Screening**
- Include the name of the Qualified Professional completing the enrollment and his/her qualifications.
- Make sure the presenting problem by consumer age/disability >target pop>diagnosis all match- (example if the consumer is a child make sure presenting problem, consumer age/disability is checked for a child and that a child target pop is indicated on the Additional Clinical Information page 2)
- Always enter a diagnosis on the Additional Clinical Information page 2
- If the “in need of detox” question is checked **yes** - you **MUST** also document
 - at least one withdrawal symptom **and**
 - at least one SA diagnosis
- If a substance abuse diagnosis is entered then **the drug of choice details must be entered in full**
- If a **poly** substance abuse/dependence diagnosis is entered **at least three substances and the drug of choice details must be entered in full.**

- Should you have an Enrollment Request returned requesting additional information and Partners has entered a note in the “comment” section, you are not to delete the note entered by Partners. If you need to enter a reply note, please feel free to enter your reply under the note entered by Partners staff.

The Slot Scheduler - Scheduling Appointments

Customer Services should only schedule appointments for

1. Consumers accessing the system for the first time or
2. Consumers wishing to change or add a provider and have not been successful initiating a provider to provider referral.
3. When attempting to schedule a Hospital Discharge appointment for someone who appears to be an active consumer and the consumer has not received services in more than 60 days.

Hospital discharge appointments for ACTIVE consumers should be scheduled by the consumer’s provider rather than Customer Services. When Customer Services is contacted by a hospital for a hospital discharge appointment FOR AN ACTIVE CONSUMER, Customer Services will:

- call the provider and request that the provider offer an appointment to their consumer **and**
- refer the consumer to Care Coordination

Update Requests

- Prior to the submission of an Update Request to change a Target Pop, please check AlphaMCS to ensure that the consumer has a State Insurance effective date with no end date.
- If the consumer is not actively enrolled to State Insurance, you must first submit an Enrollment Request.

Target Population

- Target Pop must always be documented on all enrollments to State Insurance on the Additional Clinical Information page 2.
- Always enter an end date for the target pop
- ASTER & AMI Target Pops may be end dated 2099
- Crisis Target Pops should never extend more than 14 days
- **Whenever you submit an update request for a Target Pop, ALWAYS check AlphaMCS to see what target pop is in AlphaMCS and the dates already entered. The Target Pop dates that you request should not, in any way, overlap dates that are already in AlphaMCS.**

If you have questions regarding this information, please contact Diane Morrison, Customer Services Director at 336-527-8014.

Utilization Management

REVISED May 31, 2013--Outpatient Treatment Plans: Effective June 17, 2013, when an initial SAR is submitted for IPRS and Medicaid-funded basic benefits (individual, family or group therapy), a treatment plan (or a Person Centered Plan) **and** a service order signature must be submitted. This plan **and service order** is valid for one year. **Both documents must be submitted with each initial request.** The plan must be signed by the consumer and/or guardian and person completing the plan. **The service order must be signed by a MD, NP, Psy.D, PhD, and Physician Assistant.** The treatment plan must include at least one treatment goal. This requirement is outlined in the service definition from the Division of Medical Assistance. There is no set template for the treatment plan but the above criteria must be contained in the plan.

IPRS and Medicaid Funded Psychosocial Rehabilitation Services: Effective June 10, 2013 providers will not be required to submit an authorization request for Psychosocial Rehabilitation Services if the consumer receives 30 hours or less of the service in one week. The daily limit will be set at 10 hours to allow for evening activities. If the provider is planning to deliver more than 30 hours of service a week, a SAR and supporting documentation must be completed. This is reflected in updated benefit plans. When an authorization is required, it will be valid for one year versus the current 180 days.

Person Centered Plans for IPRS and Medicaid Funded Services: Effective June 10, 2013, all Person Centered Plans must include a service order signed by one of the following; the MD, NP, Psy.D, PhD, and Physician Assistant. Previously, PCPs for IPRS funded services have been accepted with a licensed clinician's signature. Those will not be accepted after June 10, 2013. This requirement is for MH/SA services. Individual Service Plans will continue to follow the same rules as before.

Therapeutic Foster Care: Effective June 17, 2013 concurrent authorization requests for Therapeutic Foster Care will be limited to 90 days per episode versus 180.

Associate Licensed Clinicians: DMA has not released the process for Associate Licensed staff to obtain their Medicaid billing number. When an associated licensed staff becomes fully licensed they apply for a Medicaid billing number. As they wait on that number, this staff cannot bill for H codes or CPT codes. This is because only an associate licensed staff can bill H codes but since the staff does not have a Medicaid billing number they cannot bill CPT codes.

The only solution at this point will be for **providers to hold all claims with CPT codes with the effective date of their license until the billing number is issued. Partners will extend the timely billing requirement 90 days in these situations.**

Benefit Grids: The Medicaid and IPRS Benefit Grids have been revised with a June 17, 2013 effective date and are available on the Partners BHM Website. Changes are highlighted.

- Medicaid Benefit Grid:
<http://www.partnersbhm.org/formsandmanuals/Medicaid%20Services%20Benefit%20Grid.pdf>
- IPRS Benefit Grid:
<http://www.partnersbhm.org/formsandmanuals/IPRS%20Benefit%20Plan%20for%20Partners%20BHM.pdf>

Finance and Claims

IPRS/State-Funded Claims Cutoff Dates: All IPRS/State-Funded Claims being submitted to Partners Behavioral Health Management for dates of services July 1, 2012 through June 30, 2013 are *REQUIRED* to be submitted to Partners BHM by the Sept. 17, 2013 Cutoff Date noted on the [Partners BHM 2013 Checkwrite Schedule](#). Providers are *strongly encouraged* to submit all claims for July 1, 2012-April 30, 2013 dates of service by the June 11, 2013 cutoff date. This will ensure that payments are paid against current Fiscal Year 2013 contracts. However, claims may be submitted after June 30, 2013 up to Sept. 17, 2013 for dates of service of July 1, 2012-June 30, 2013.

Please keep in mind that any claims paid to you after July 1, 2013 for dates of service of July 1, 2012-June 30, 2013 will be paid out against your Fiscal Year 2014 Contract Limits.

If you have questions, please contact Partners' Claims Department at claims_department@partnersbhm.org or call 1-877-864-1454, option 4, option 3, option 1.

Taxonomies to be utilized when submitting claims to Partners: In an effort to accommodate the changes for NCTracks – AlphaMCS will require the Taxonomy Code to be sent at the Billing provider level beginning July 1, 2013. In addition, if the rendering provider information is sent, then the Taxonomy Code must also be sent with the rendering provider information.

All 837 files will require the Taxonomy Code to be sent :

- In loop 2000A of the Billing Provider information in the PRV03 segment.
- If the rendering information is sent, the Taxonomy Code should be sent in the 2310B loop in the PRV03 segment.

The CMS 1500 and UB04 will also have required fields for the taxonomy after the next AlphaMCS production build.

These changes will be in the release notes and in the training manuals.

AlphaCM will be loading the NPPES NPI to Taxonomy list to the AlphaMCS DBs for the initial load. This will include Clinical to taxonomy coding. Partners BHM will send out additional information on when this is complete so that Providers may verify this taxonomy in the Partners BHM system.

Partners Wants You to Know...

What Are Your Training Needs? Partners BHM wants to know! We are conducting a survey to identify topics and the training needs of the Partners Provider Community. Your participation will help us design and implement training that is useful for YOU. To participate in the survey, click on the link below and complete the survey *by June 19*.

<http://www.surveymonkey.com/s/partnersprovidertraining>

New Fax Numbers for Partners BHM Staff: Partners Behavioral Health Management is now using FaxCore technology for electronic delivery of facsimiles (faxes).

Why?

- FaxCore faxes are delivered to the recipient through an electronic mailbox instead of a traditional fax machine—providing better protection of personal health information.
- Since the fax is delivered as a PDF or TIFF file, it can be attached to an email, saved with another document, or even attached as information in AlphaMCS.
- Partners BHM employees will be able to send and receive faxes anywhere they are able to connect to our technology network—so instead of a fax stalling on a desk, it will be available to the employee wherever they may be.

I work for a provider agency. What does this change on Partners BHM's behalf mean to me?

- This technology has required the additional of new fax numbers for many Partners BHM departments.
- Partners BHM asks all providers and vendors to begin using the new numbers immediately.
- Partners BHM will disconnecting some of the fax numbers used by the legacy Local Management Entities (Crossroads, Mental Health Partners, and Pathways) in the future. Please make sure that the fax number you have been using is on this list—if not, then it will be disconnected in the future.
- If your organization has programmed a Partners BHM or a legacy (Crossroads, Mental Health Partners, or Pathways) fax number in your system, we recommend that you make the necessary changes to your equipment.

To view a listing of new fax numbers, open the Organizational Information category on the About Us/More Information page on our website or [click here](#).

June Enrollee Education Sessions: Are you serving individuals new to our service system? If so, they or their loved ones may have many questions about their care. Enrollees and their families are welcome to attend one of our Enrollee Education Sessions to learn more about Partners BHM and its role in treatment. Sessions will be held in the following locations:

- Elkin—June 27, 2013, Partners BHM-Elkin, 200 Business Park Dr., Elkin NC 28621
- Gastonia—June 25, 2013, Partners BHM-Gastonia, 901 S. New Hope Rd., Gastonia NC 28054
- Hickory—June 25, 2013, Partners BHM-Hickory, 1985 Tate Blvd.SE, Multipurpose Room, Hickory NC 28602

Please call Tom Gray at 704-884-2519 or email tgray@partnersbhm.org if you plan to attend a session.

Partners BHM Global Continuous Quality Improvement Committee: The Partners Global Continuous Quality Improvement Committee will hold its next meeting on Friday, June 21 from 9-11 AM at Partners BHM-Hickory, 1985 Tate Blvd., Multipurpose Room. The purpose of the GCQI is to analyze data, identify barriers, and recommend activities and interventions to improve the quality of care and service delivery throughout our network. Reports of the GCQI will be made to Partners Quality Improvement Committee. **Provider staff currently engaged in quality management activities are invited to attend.** We will also have representatives from the Consumer and Family Advisory Committee (CFAC) and Partners BHM. Committee structure will be discussed at this first meeting so that we have representation of large and small providers in all three disability areas. If you have questions about this committee, please contact Kathleen Meriac at kmeriac@partnersbhm.org or call 704-884-2571.

Psychiatric Residential Treatment Facility Training: Partners BHM is sponsoring Psychiatric Residential Treatment Facility (PRTF) Training on July 12, 2013 from 9 AM-12 PM. The training will be held live at our Gastonia office and via videoconference to our Hickory and Elkin offices. The training will be conducted by Partners BHM staff including Medical Director, J. Octavio Salazar, MD, MBA, DFAPA . PRTF Clinical staff are strongly encouraged to attend, as well as Clinical home staff and other community stakeholders to gain insight into what is required when submitting initial and continuing requests for PRTF. A care review must occur prior to placement in a level III, IV, PRTF Wright School and Whitaker PRTF, and all out of state home placement.

Our goal for this training is to share:

- Expected goals/outcomes
- Process to request PRTF services
- Review of Care Coordination and System of Care and their involvement in the authorization process
- What documentation is required
- Expectation for discharge planning
- Medical Necessity Criteria
- Consumer Rights issues
- To obtain an overview of Partners BHM grievance and incident reporting processes, incident types by level, and notification guidelines.

If you have any questions regarding this training, please contact: Janet Noblett at 704-884-2596 or by email at jnoblett@partnersbhm.org. To register, [click here](#).

Supported Employment Basic Training & Mentoring Series: The NC Employment First Technical Assistance Center will host a *Supported Employment Basic Training & Mentoring Series* on June 21, 2013. The training will be held at 8300 IKEA Blvd., Second Floor Meeting Room, Charlotte NC, 28262.

This training series is designed to comply with the training requirements for supported employment providers as outlined in the new NC Supported Employment/Long Term Vocational Services (SE/LTVS) definition for supported employment providers. Participants who complete the entire training will earn credit for their SE/LTVS training requirements (as detailed in the SE/LTVS service definition) and will also earn five credit hours for 2013 fiscal year. Space is limited to 30 participants. For questions contact Pat Keul: patkeul@yahoo.com or call 704-534-1943; or Cherene Allen-Caraco, ccaraco@meckpromise.com or call 704-776-6708. To access the registration form, [click here](#).