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2014 Consumer Perception of Care Survey

The North Carolina Mental Health and Substance Abuse Consumer Perception of Care Survey provides information on the quality of care in each LME/MCO catchment area. This survey is based on the perceptions of individuals and families who have received Medicaid or state-funded mental health and/or substance abuse services. *Adult clients (18 years and older), youth clients (12 to 17 years) and parents of children (11 years and younger) are asked to complete the confidential surveys in English or Spanish.*

There are **three different forms** (each available in English and Spanish) that may be used to assess the client's opinion of services received:

- The **Adult Survey** should be used for all clients **ages 18 years and older** who are capable of completing the form by themselves or with some assistance
- The **Youth Survey** should be used for all clients **ages 12 through 17 years** who are capable of completing the form alone or with some assistance.
- The **Parent Survey** (also appropriate for guardians) should be used for consumers **ages 11 years and younger**.

*(**For clients under 18 years of age, please complete **EITHER** the Youth Survey **OR** the Parent Survey, but do not complete both.**)*

A consumer who has great difficulty reading or a consumer who has severe mental illness should use the appropriate form for him/her and should be provided whatever assistance is

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necessary. Assistance should be provided by an advocate volunteer whenever possible. Appropriateness of who completes the survey and which form to use should be based on the best judgment of the person administering the survey.

This year's survey timeframe is four weeks, lasting from **June 30 to July 28, 2014**. Note: We have been advised that the I/DD Perception of Care Surveys will be administered separately at a later point in time.

Partners Behavioral Health Management (Partners BHM) has identified several providers for participation in this year's survey to assure that we meet the minimum number of required surveys from a cross representation of MH/SA providers within the catchment area. Selected providers will receive surveys and detailed instructions by Friday June 27th.

If you are a MH/SA provider who does not receive a survey packet by Friday, June 27th and you would like to participate in administering this year's Perception of Care Survey, please contact Selenna Moss at smoss@partnersbhm.org or call at 704-842-6383. You may also contact Ms. Moss or your designated Provider Specialist with any questions that you may have related to this year's survey.

Partners BHM will coordinate pick-up of the surveys for July 29th; however, providers who complete their surveys earlier may contact their Provider Specialist for early pick-up.

Partners BHM greatly appreciate the assistance of our providers in completing these annual surveys and value the time and effort that you put into assisting Partners BHM and the state in its efforts to evaluate and improve the quality of care provided to consumers.

Supported Employment Services Code Changes

Over the past several months there have been changes to Supported Employment Services and codes, and differentiation depending on primary disability type. Below is additional clarification on the specific codes to be used based on disability and updates on authorizations previously given prior to code changes.

Intellectual/Developmental Disabilities:

For **State Funded (IPRS) I/DD Supported Employment** the definition outlined in the 2003 NC DHHS MH/DD/SA Service Definitions should be used. This definition can be found at <http://www.ncdhhs.gov/mhddsas/providers/servicedefs/index.htm> titled, "Existing State Funded DMH/DD/SA Service Definitions (7/13)."

****Effective July 1, 2014 for Partners BHM providers.**** The codes that providers have to use for authorization and billing for individuals with IDD receiving IPRS Supported Employment services are:

- I/DD IPRS: Long Term Vocational Supports – **YA389**
- I/DD IPRS: Supported Employment-Individual – **YA390**

- I/DD IPRS: Supported Employment-Group - **YP640**

Authorizations for individuals with IDD and State funded Supported Employment Services that were given under the old codes:

Scenario 1: Partners BHM's I/DD Utilization Management will adjust all CURRENT IPRS IDD Supported Employment authorizations to the new codes effective July 1, 2014 through the end of the current authorization.

For Example: Individual #1 has a current IPRS IDD SE Individual authorization effective May 1, 2014 through July 31, 2014. Partners will change the authorization from YP630 to YA390 effective July 1, 2014 through July 31, 2014.

Scenario 2: If you have submitted a new or continuing request to be effective July 1, 2014 forward with old codes, up to the date of this communication, Partners will adjust the request to include the new code.

Scenario 3: All requests not submitted by the date of this communication with effective dates of July 1, 2014 on, will **not** be adjusted by Utilization Management. Providers will make requests using the codes listed above.

For individuals with IDD and Medicaid, the B3 Supported Employment definition should be used. This service definition can be found on the Partners website, www.partnersbhm.org, For Providers>Information & Documents> Service Definitions.

The codes that providers should be using for authorization and billing for individuals with IDD and Medicaid are:

- I/DD B3: Initial Individual Supported Employment - **H2023 U4**
- I/DD B3: Initial Group Supported Employment - **H2023 HQ U4**
- I/DD B3: Maintenance Individual Supported Employment - **H2026 U4**
- I/DD B3: Maintenance Group Supported Employment - **H2026 HQ U4**

For individuals with IDD participating in the North Carolina Innovations Waiver, the Innovations Waiver Supported Employment definition should be used.

The codes that providers should be using for authorization and billing for individuals with IDD receiving Innovations Waiver Supported Employment Services are:

- I/DD Innovations: Individual Supported Employment - **H2025**
- I/DD Innovations: Group Supported Employment - **H2025 HQ**

There have been NO changes to B3 Supported Employment authorizations or NC Innovations waiver authorizations.

Changes to these authorizations were not necessary. Those service codes were not modified.

Mental Health/Substance Abuse:

State Funded (IPRS): For individuals with a primary Mental Health or Substance Abuse disorder, the new definition posted with the final review date of May 2, 2014 should be used.

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This service is State-Funded Billable only. There were no changes to authorizations required for these individuals. This definition can be found at <http://www.ncdhhs.gov/mhddsas/providers/servicedefs/index.htm> Titled, "Supported Employment (YP630) with Long Term Vocational Support (YP645) (5/2/13)."

The codes that providers should be using for authorization and billing for individuals with MH/SA are:

- MH/SA IPRS: Individual Supported Employment - **YP630**
- MH/SA IPRS: Long Term Vocational Supports - **YM645 LT**

For individuals with MH/SA and Medicaid, the B3 Supported Employment definition should be used. *This service definition can be found on the Partners website,*

www.partnersbhm.org, For Providers>Information & Documents> Service Definitions.

The codes that providers should be using for authorization and billing for individuals with MH/SA and Medicaid are:

- MH/SA B3: Supported Employment with Long Term Vocational Supports –**H2023 U4 HH**
- MH/SA B3: SE with Long Term Vocational Supports – Ongoing/Maintenance –**H2026 U4 HH**

For any individuals that have been specifically identified as a Department of Justice/ Transitions to Community Living participant, the following codes with the modifier should be used.

- MH/SA DOJ: Individual Supported Employment - **YP630 DJ**
- MH/SA DOJ: Long Term Vocational Supports - **YM645 DJ**

Use the following table for all SE service codes to ensure accurate billing is submitted:

Service Code	Service Description
H2023 U4	B3: Supported Employment Initial Individual – I/DD
H2023 HQ U4	B3: Supported Employment Initial Group – I/DD
H2025	Innovations (I/DD): Supported Employment Individual
H2025 HQ	Innovations (I/DD): Supported Employment Group
H2026 U4	B3: Supported Employment Maintenance Individual – I/DD
H2026 HQ U4	B3: Supported Employment Maintenance Group – I/DD
YA389	IPRS: Long Term Vocational Support – I/DD
YA390	IPRS: Supported Employment Individual – I/DD
YM645 LT	IPRS: Long Term Vocational Supports – MH/SA
YM645 DJ	IPRS: Long Term Vocational Supports (DOJ)
YP630	IPRS: Individual Supported Employment – MH/SA
YP630 DJ	IPRS: Individual Supported Employment (DOJ)
YP640	IPRS: Supported Employment Group – I/DD
H2023 U4 HH	B3: Supported Employment with Long Term Vocational Supports – MH/SA
H2026 U4 HH	B3: Supported Employment with Long Term Vocation

Utilization Management

Assertive Community Treatment Team: Partners received feedback from providers related to the planned roll out of the new definition and rate starting July 1, 2014. In order to prevent confusion and possible billing/claims issues, there is a change to how the new rate and definition will be implemented.

Providers will continue to request authorizations of four units/visits per month. Claims can be submitted for up to **four face to face** contacts a month. The expectation as is outlined in the definition will be for providers to have an average of three or more contacts per week based on individual consumer needs. These contacts can be a combination of face to face and collateral but only four face to face contacts a month can be billed.

Partners will increase the rate per contact. Currently the rate is \$295.57 per contact or \$1182.28 per month. The new rate will be **\$348.75 per face to face contact** up to four contacts per month. Only one face-to-face contract can be billed in a 24-hour period.

The only change for authorization requests will be the ability to request two months or eight units versus 30 days/four units. If an initial request is made in the middle of a month the provider can request up to eight units. *(Example: Initial request is made on July 15, 2014 it can be for up to eight units. The authorization end date will be August 30, 2014.)* Concurrent requests will not change and be for up to six months. There are no changes to the billing process.

The rate will automatically be adjusted for **dates of service July 1, 2014 forward**.

Target POPS (New State Benefit Plan): The Division of Mental Health/Developmental Disabilities/Substance Abuse Services is making changes to target populations. This includes changes to the criteria and reducing the number of target pops from 35 down to 10. The target pops are also being mapped to specific diagnosis found in DSM-5. The changes will go into effect on August 1, 2014.

Some consumers will need to have their target pop updated, either because the criteria have changed, or the current target pop will no longer exist. Providers should begin to update target pops now, by submission of an AlphaMCS Update Request.

All providers are strongly encouraged to read Communication Bulletin #142 for details regarding the changes. The bulletin and additional information related to these changes can be found at <http://www.ncdhs.gov/MHDDSAS/communicationbulletins/index.htm>

Intensive Alternative Family Treatment: The modifier for IAFT, **S5145 has change to HA, so use S5145HA** when requesting authorizations beginning July 1, 2014.

DSM-5 Code/Diagnosis Grid: Partners Utilization Management has developed a [grid](#) to help crosswalk codes from DSM-IV to DSM-5. It can be located on the Partners website at For Providers> Information & Documents>Utilization Management Category.

New Medicaid Services and State-Funded Service Benefit Grids have been posted to the Partners website. Grids will go into effect July 1, 2014.

AlphaMCS Training

AlphaMCS will have a number of changes taking place in the next few weeks. A new module for Innovations Back-up Staffing will be released, along with changes to the way pass-through billing is handled.

Want to learn about these changes? Register for one of the following webinars by clicking on the date/time of the session. Registration is limited to 25 computers per session, but group viewing is encouraged. If you have questions, please contact Joshua Wesson at jwesson@partnersbhm.org or call 704-842-6487.

[Tuesday, July 1, 2014 10 - 11 a.m.](#)

[Thursday, July 3, 2014 2 – 3 p.m.](#)

Finance and Billing

	MEDICAID TOP 5 DENIALS from May 2014	PROVIDER RECOMMENDED ACTION STEPS
1	No contract exists or rate is not yet set up	Refer to your contract and call Provider Network Development with questions.
2	Another concurrent service has been approved or waiting to be processed	Only one occurrence of service is billable per day. Adjust off charges and do not refile. Only if service is billed as daily summary of units, file adjusted claim.
3	Claim received after billing period	Write off charges as non-billable. Do not rebill.
4	Service is not authorized	Verify Service Authorization for consumer. Contact Utilization Management.
5	Duplicate Claim	Claim has previously been submitted and adjudicated. Do not refile.

Provider Reminders

Provider Alerts are emailed to all providers subscribed through Constant Contact for "Information for Providers" and "All Partners BHM Communications", and are posted at the bottom of the "For Providers" page at www.partnersbhm.org.

NEW Concern/Complaint/Compliment Signs are available for Provider Agencies and Licensed Individual Practitioners. One sign will be distributed per location. To obtain a new sign, please contact your Provider Specialist. If you would prefer an electronic PDF of the sign to print, please email questions@partnersbhm.org.

Partners BHM B3 Service Definitions are now available on the Partners website at For Providers>Information & Documents> Service Definitions. To locate Medicaid and State Funded Service Definitions, please visit <http://www.ncdhhs.gov/dma/mp/> (Medicaid) and <http://www.ncdhhs.gov/mhddsas/providers/servicedefs/> (State)

Meetings and Events

Register for the July Provider Forum: The July Provider Forum will focus on issues pertaining to mental health/substance abuse providers. The forum will be held via videoconference on Tuesday, July 8, 2014, in Partners' Elkin, Hickory and Gastonia offices. The forum begins at 1 p.m. If you plan to attend the meeting, please [RSVP online](#).

Global Continuous Quality Improvement Meeting: The Next Global CQI meeting will be held at 9 a.m., Friday, July 11, 2014 at Partners BHM- Hickory (Multipurpose Room), 1985 Tate Blvd. SE, Hickory NC. If you have questions about this committee, please contact Jackie Copeland at jcopeland@partnersbhmr.org or 336-527-8015.

Partners Training Academy

All Partners Training Academy opportunities are posted on the Calendar at <http://www.partnersbhm.org/calendar/>. Training participants are asked to please arrive at least 10 minutes prior to the start of the training to allow for check in.

Missed the Training Update? No problem! Looking for your copy of the Partners Training Academy Update and can't find the email? Never fear—simply go to the "Resources and Training" page in the For Providers Section of the website to access the latest version. *Want to receive the Training Update?* Update your Constant Contact subscriber options and make sure to select "All Partners BHM Communications" or "Information for Providers." You can do this by clicking on the "Register" link on the top of the Partners BHM home page.