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Provider Network Development Webinar March 13, 2019



Welcome & Announcements

Odds & Ends about the webinar:

Roanna Newton, Provider Network Development Specialist, is your moderator for today's webinar.

The audience is in "listen only mode." You can only hear us talking, but you can't talk with us through the phone in an interactive way.

You may submit questions from today's webinar to:

questions@partnersbhm.org



Odds & Ends continued...

- Today's webinar is recorded and will be posted to the Partners BHM web page under the Provider Knowledge tab. Handouts will be uploaded to this page as well. Previous webinars are also on this page for your viewing pleasure!
- We encourage everyone who is a provider in Rutherford County, to attend the Provider Forum on March 19th, 2019, 10-12:30 at the Isothermal Community College: the Foundation Performing Arts Center any questions can be sent to:
Rutherford_Questions@PartnersBHM.org



Provider Network Functions

- Development
- Enrollment
- Credentialing
- Hospitals
- Out of Network Agreements
- Disputes
- Account Specialists/Helpdesk



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Network Development, Enrollment & Credentialing

- | | |
|--|---|
| <ul style="list-style-type: none"> ▶ Development <ul style="list-style-type: none"> ◦ Roanna Newton ◦ Lakisha James ◦ Tricia Plaster, Disputes ▶ Enrollment <ul style="list-style-type: none"> ◦ Danielle Clark, Supervisor <ul style="list-style-type: none"> • Jeanene Srout • Amber Herman | <ul style="list-style-type: none"> ▶ Credentialing <ul style="list-style-type: none"> ◦ Supervisor, Jason Arenillas <ul style="list-style-type: none"> • Melissa Griffin • Elizabeth Bridges • Karen Allmendinger • Laura Schramm • Angela Stevenson |
|--|---|



Natalie Mooneyham, Regional
Manager - Credentialing, Enrollment
& Development

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Account Specialists

Sherry Reece-Cota, Regional Manager

Account Specialists

- Ami McGarity
- Dana Robertson
- Maria Ballard
- Nina Harris
- Lyndsey Greene
- Julie McMurray-Kurtzman
- Jeanna Lauffenburger

Network Performance Specialist

- Lisa Jordan

<https://providers.partnersbhm.org/find-provider-specialist/>



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Resources

<https://providers.partnersbhm.org/>



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Standard Meetings

- Quarterly Provider Webinars, June 12, 2019 1-3pm
- Monthly Provider Council – Open Meeting – Hickory Multipurpose Room – Basement – 9:30am – 4th Friday each month – Next Meeting March 22, 2019
- Quarterly Licensed Independent Practitioner Collaborative- March 27, 2019 12-1pm and June 27th 12-1pm.



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Contact Information

- Beth Lackey, MSW, LCSW
Provider Network Director
blackey@partnersbhm.org
828-323-8058 Office
- Sherry Reece-Cota, Regional Manager
SReece-Cota@partnersbhm.org
(980)223-4476 Office
- Natalie Mooneyham, Regional Manager
nmooneyham@partnersbhm.org
828-323-8048



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Housing Update



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Continuum of Care

What is a Continuum of Care?

A regional or local planning body that coordinates housing and services funding for homeless families and individuals.



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Four Parts in a Continuum

Outreach, intake, and assessment in order to identify service needs

Emergency Shelters that provide a safe alternative to the elements

Transitional Housing with supportive services

Permanent and Permanent Supportive Housing



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Point In Time Counts

CoC's are also tasked with tracking and maintaining data of the homeless population

Annual Count conducted each January across the nation with snapshot of homelessness in each community



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What is Homeless?

HUD (Department of Housing and Urban Development) defines it as "individuals and families who lack a fixed, regular, and adequate nighttime residence"

A place not meant for Human Habitation

A vehicle

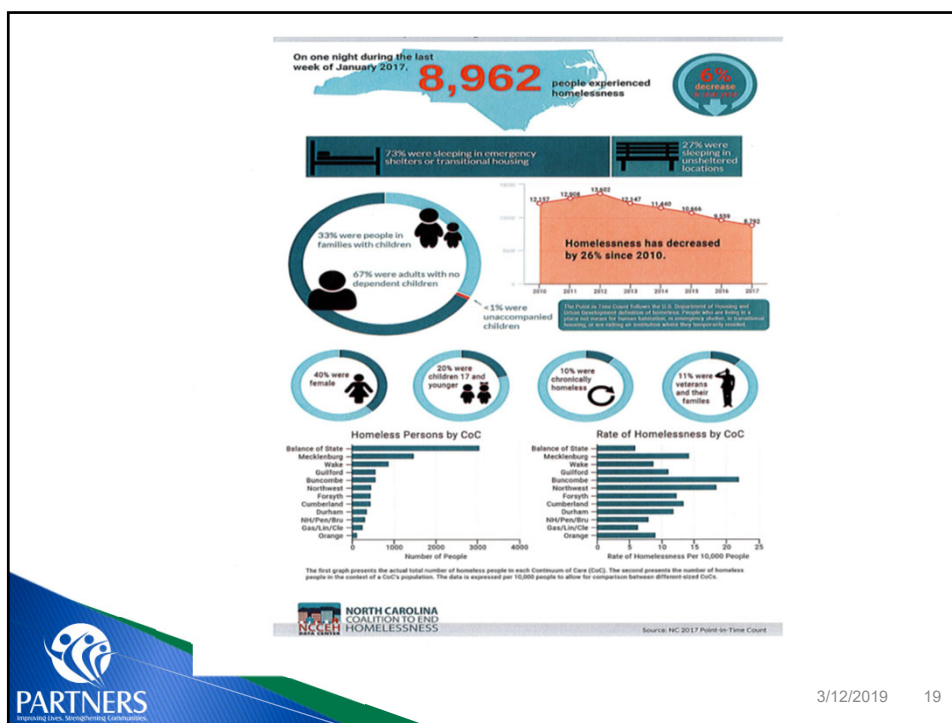
Emergency Shelter/ Transitional Housing

Fleeing Domestic Violence

Motel Paid for by Others



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Mental Illness and Homelessness

- 17% of Americans report a Mental Illness
- 42% of people in shelters report a Mental Illness
- People with Mental Illness are some of the most susceptible to deep poverty in America and consequently homelessness

12 Continuum of Care in NC

Iredell, Yadkin, Surry, Burke, and Catawba belong in the Balance of State CoC (www.ncceh.org/bos)

Lincoln, Gaston and Cleveland belong to their own CoC (www.cityofgastonia.com)



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How to Learn More

Uni5 Regional Committee meets the 3rd Wednesday of each month at 10am at Burke United Christian Ministry

-Burke, Catawba, Alexander, Caldwell, and McDowell

-Contact Teena Willis twillis@partnersbhm.org

DISSY Regional Committee meets the 2nd Tuesday of each month at 10am at Partners Elkin Office

-Davie, Iredell, Stokes, Surry, and Yadkin

-Contact Mollie Tompkins mtompkins@partnersbhm.org



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Gaston, Lincoln, Cleveland CoC has quarterly members meetings

Lincoln County has a county meeting at 1:30pm at the Lincoln Wellness Center on the 4th Monday of month

Cleveland County has a county meeting at 11:00am at the Cleveland County Rescue Mission on the 2nd Thursday of the month

Contact Bre Griffin bgriffin@partnersbhm.org



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- ▶ Once Housed, people show consistent improvement in many areas:
- ▶ Better Health
- ▶ Reduced Hospital Stays
- ▶ Reduced Healthcare costs



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Contact Information

- Bre Griffin
- 704-884-2514
- bgriffin@partnersbhm.org



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Utilization Management Update

Access to
Care 26
Department



Presented by

Jessie Green, LCSW, LCAS - MH/SU UM Adult Services Supervisor

Liza Go-Harris, LMFT - MH/SU UM Manager

Adult and Child Services Provider Alerts

Outpatient Therapy: Authorization Request

- ❖ Service Code: "All Services"
- ❖ Alpha MCS is not allowing authorizations to be processed with outpatient codes: "All Services"
- ❖ Please submit each outpatient code individually until further notice.



Adult and Child Services Provider Alerts

Services with Pass-Throughs

- ❖ AlphaMCS is not allowing some providers to bill for their pass-through period for certain services.
- ❖ Please submit Notification SARs until further notice.



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Adult Services Benefit Grid Change SAMMCRT - H0013

- ❖ Substance Abuse Medically Monitored Community Residential Treatment (H0013)
- ❖ Service removed from the State-Funded Benefit Grid
- ❖ This Service Code is for a Medicaid *only*.



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Adult Service Benefit Grid Change YP830-YP835

▶ Behavioral Health Counseling

❖ Two (2) Service Codes added to State Benefit Grid:

❖ **YP830 and YP831**

- ❖ YP830 (BH Brief Assessment)
- ❖ YP831 (SU Individual)
- ❖ YP832 (SU Group)
- ❖ YP833 (SU Outpatient Family)
- ❖ YP834 (SU Outpatient Family)
- ❖ YP835 (SU Group)

❖ Added ***Certified Substance Abuse Counselor (CSAC) as service provider



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Adult Services Benefit Grid Change State FBC – S9484

▶ Facility Based Crisis

❖ State Benefit Limit:



- ❖ Added "This is a hard limit" for clarification.



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Adult Services Benefit Grid Change State CST – H2015HT

▶ Community Support Team - State

❖ Documentation Requirement:

- ❖ Added to Initial Request: Service Order



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Adult Services Benefit Grid Change Medicaid CTI – H0035U5(DJ)

▶ Critical Time Intervention: Medicaid

❖ Documentation requirements:

- ❖ CCA is no longer required for Phase I (only an assessment).
- ❖ Phase I benefit limit increased:
 - ❖ Authorization request for 155 units for 3 months (formerly 104 units for 3 months)
 - ❖ Same Documentation requirements: Assessment, Phase plan and Service Order.



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Adult Services Benefit Grid Change EMDR – 90837EM

- ▶ Eye Movement Desensitization and Reprocessing (EMDR)
 - ❖ Service Code with modifier: 90837 EM
 - ❖ Service Code added to the Benefit Grids: State and Medicaid



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Child Services Benefit Grid Change FCT H2022-22 HE

- ▶ Family Centered Therapy
 - ❖ Changes effective 1/1/19
 - ❖ Service Code and Authorization date range
 - ❖ New code is H2022-**22**-HE (replaced H2022 HE)
 - ❖ Initial Authorization: 6 months for 6 units (1 unit per month)
 - ❖ Contact UM for any changes to FCT authorization Service Code



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Inpatient Services

Inpatient Review Team

- ❖ New Hours of Operation - Effective 12/9/2018
 - ❖ Daily, Monday thru Sunday, 8am-7PM
- ❖ For Inpatient and Crisis Service Providers:
 - ❖ If unable to Submit a Service Authorization Request (SAR) in Alpha, send by email or fax a Manual SAR.
 - ❖ Manual SAR instructions and template are located on PBHM website



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UM Contact Information

Utilization Management Contact Information:

CONTACT INFORMATION

UM STAFF

<u>MH/SA UM Workgroup</u>	X 6436	Direct In-dial Number	1-704-842-6436
<u>IDD/Innovations Workgroup</u>	X 2605	Direct In-dial Number	1-704-884-2605
<u>Inpatient Reviewers Workgroup</u>	X 6434	Direct In-dial Number	1-704-842-6434
<u>Appeals Department Workgroup</u>	X 2650	Direct In-dial Number	1-704-884-2650

UM Fax/ Phone Numbers

UM MH/SA Faxcore: 704-884-2701
 Inpatient Faxcore: 704-884-2703
 Gastonia: 704-866-7727
 Hickory: 828-325-9826
 UM Appeals Faxcore: 704-884-2720
 UM IDD Faxcore: 704-884-2690
 PBHM Service Desk-704-842-6431



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System of Care & GAST

Jamie Sales

Departmental Responsibilities

Collaborate and develop networks among stakeholders
Identify and resolve barriers to service entry/engagement
Assist individuals and families with navigation through the service system through family partners (Family partners now work in the care coordination department)
Provide a variety of trainings to help promote awareness of mental health services, early detection, and de-escalation of crisis situations
Federal block grant monitoring & reporting / miscellaneous initiatives & partnerships



The System of Care Framework

A system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families

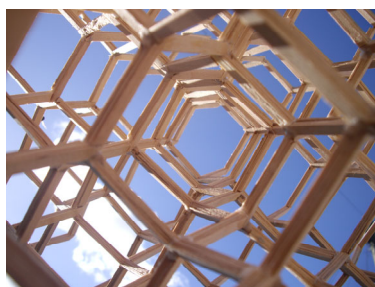
Families and youth work in partnership with public and private organizations so services and supports are effective, build on the strengths of individuals, and address each person's cultural and linguistic needs



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Utilizing A System of Care is the...

...best way of planning, developing and delivering services and support for children and their families.



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System of Care Values

- Child Centered and Family Driven
- Community Based
- Culturally Competent

Expanded to Adult System of Care, and Those Values Are:

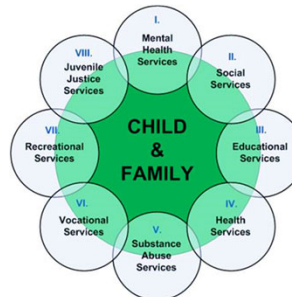
- Person Centered
- Individually Driven
- Strengths Based
- Community Focused



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Child and Family Driven

- **Child and Family Teams**
 - Supports and services are planned, coordinated, delivered and monitored through a Child and Family Team
 - A flexible mixture of formal agency services and informal supports
 - Develops one unified Child and Family Plan that all participants use, regardless of their particular agency
 - Constantly assess what's working and what's not working - changing the plan as needed to better meet the needs of the child and family over time



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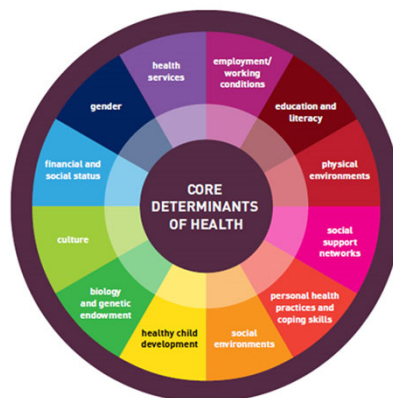
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Collaborative Groups

Together, group members:

- Identify gaps in services
- Partner with agencies and families
- Develop helpful resources
- Assist providers and families with issues related to services
- Ensure access to quality services



At Partners...

**We have Adult and Child
System of Care**

16 Collaborative Groups

<https://www.partnersbhm.org/community-collaborative-groups/>



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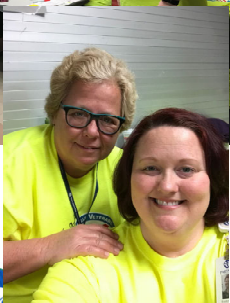
Partners SOC Involvement

NC School Mental Health Initiative
Community Resiliency Model
Crisis Intervention Teams
JJSAMHP/JJBH
SAMHSA Jail Diversion Grant
Community Trainings
Cross Function Team (Internal Work Group)
Community Events
Community Partnerships



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SOC Service Project



SOC and GAST working the 2018 Foothills Veteran Stand Down – Serving more than 300 veterans from 12 counties in one day with medical, dental, resources, a hot meal, fellowship, clothing and more.



Trainings Available From SOC?

- ▶ Mental Health First Aid (Adult, Youth, Veterans, Public Service)
- ▶ QPR – Question, Persuade, Refer (Suicide Risk)
- ▶ Darkness to Light
- ▶ I.C. HOPE
- ▶ CRM – Community Resiliency Model
- ▶ Trauma 101
- ▶ Child and Family Team Training
- ▶ Crisis Intervention Team Training



What trainings are available from GAST?

- ▶ Mood Disorders
- ▶ Anxiety Disorders
- ▶ Psychotic Disorders (Schizophrenia)
- ▶ Substance Use Disorders
- ▶ Cognitive Disorders (Dementia)
- ▶ Depressive Disorders
- ▶ Medications that treat the above Disorders
- ▶ Suicide Prevention
- ▶ Crisis Prevention
- ▶ Effective Communication
- ▶ Hoarding



SAMHSA Early Diversion Grant

Focused on Iredell County

\$1.5 Million over 5 Years

Work with Local Law Enforcement

Create **24/7 Drop Off** center

Offer Peer Engagement for Offenders/Participants

Provide Training

Encounter, Enable, Engage

Create a sustainable **mental health/criminal justice partnership**



MhAP



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For those participating in the program, **we hope to see:**

- an 80% reduction in subsequent contacts with Law Enforcement Organizations within six-months of intake;
- a 70% reduction in subsequent contacts with Law Enforcement Organizations within 12-months of intake; and
- an increase in psychiatric medication compliance by 50%

To that end, we will demonstrate a 25% reduction of the number of individuals with SMI/COD entering the criminal justice system

Contact:
Project Manager, Kathi Perkins at
828-325-8164



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System of Care & GAST Staff

System Liaisons- Adult

- **Jamie Piercy** - Cleveland, Gaston, Lincoln
- **Beth Brooks** - Iredell, Surry, Yadkin
- **Alice Horton** - Burke, Catawba

System Liaisons- Child

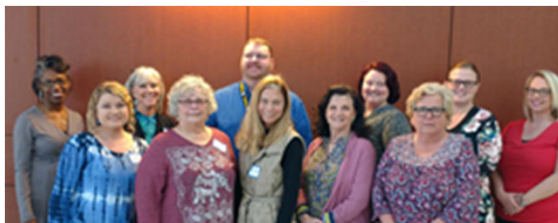
- **Jeanne Patterson** - Cleveland, Gaston, Lincoln
- **Stephanie Funderburk** -- Iredell, Surry, Yadkin
- **Kimberly Rhoads (Lead)** - Burke, Catawba

Geriatric Specialists (GAST)

- **Brandy Lineberger (Lead)**
- **Carla Bradshaw**
- **Christine Borner**
- **Christa Barbee**

SAMHSA Grant Project

- **Kathi Perkins** - Iredell



Contact Information

- Jamie Sales
- jsales@partnersbhm.org
- 828-323-8053



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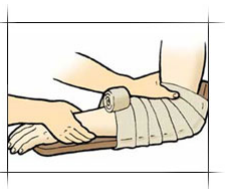


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IRIS Incident Reporting (Overview)

What is an incident

Any happening which is not consistent with the routine operation of a facility or service or the routine care of a consumer and that is likely to lead to adverse effects upon a consumer.



Types of Incidents and Levels of Responses

- There are 3 levels-the response level depends on the potential or actual severity of the incident. (See the Incident Grid in your IRIS Manual. The grid begins on Page 20, Appendix B.)
- There are 9 categories of incidents. (See the incident category section on pages 8-12 in your IRIS Reporting Manual)

Incident Levels

Level I

- Incidents that, if happen infrequently, do not significantly threaten the health or safety of an individual, but could indicate systemic problems.
- Recorded on the providers internal QM Form/Process

Level II

- Incidents that involve a threat to a consumer's health or safety or a threat to the health or safety of others.
- Deaths due to natural causes or terminal illness.
- Reported to IRIS using the web-reporting portal.
- Report within 72 hours of learning about the incident.



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Incident Levels (cont.)

Level III

- Incidents that result in permanent physical or psychological impairment
- Media attention
- Significant danger to community.
- Report to the LME/MCO as soon as possible upon learning of the incident, but no later than 24 hours:
 - iris@partnersbhm.org
 - (704) 884-2501 option 4 then option 8
- Submit IRIS report within 24 hours of learning of the incident



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Who Should Report

Under a Provider's Care:

- The definition for “a consumer under the care of a provider” refers to a consumer who has received any service in the 90 days prior to the incident.
 - Crisis providers are expected to report incidents that occur during the provision of crisis services.
 - Mobile crisis providers are expected to report any crises that occur between the time they receive the request for crisis service and during their face-to-face contact with the consumer.
 - Facility-based crisis providers are expected to report incidents that occur when a consumer is on their premises or in their care.
- Providers of crisis, day, and periodic services should report all deaths and errors in self-administration of medications upon learning of the incident, even if it did not happen while consumers were actively engaged in their services.



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Notification of Critical Agencies

The provider must notify all other parties as appropriate and document that notification in IRIS.

- Parent/Guardian
- DSS (CPS or APS)
- Law Enforcement
- Division of Health Services Regulation
- Health Care Personnel Registry
- Service Plan Team
- IRIS automatically notifies the Host and Home LMEs and DMH/SS/SAS.
- Host LME/MCO-County where consumer receives the services referred to in incident report.
- Home LME/MCO-County where consumer's Medicaid is established or county where the consumer first entered services or county of consumer's family's residence.
- DMH/IDD/SAS –IRIS goes to Advocacy and Customer Service and the Quality Management departments within the Division.



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Key Report Sections

Incident Comment:

- Describe what happened? /How staff responded? (Who, What, When, Where, How)

Supervisor Actions:

- Describe Cause of Incident: sequence of events, individual factors/triggers, systemic issues.
- Incident Prevention: What interventions did staff make and what will staff do in future to prevent incident from recurring? What changes will agency make to decrease likelihood of adverse effects for anyone?



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Web Submission Tips

- The person with the most knowledge about the incident should complete the incident report
- Always print a copy of the report for your records.
- Always maintain the incident report number assigned by IRIS.
- SAVE your data after entering it in each tab.



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Resubmitting an Incident Report

Once you have made your updates and saved the report in IRIS, follow the steps below to resubmit the report:

Go to the Supervisor Actions section

- Click on the Incident Submission tab.
- Enter a reason for resubmission in the text box
- Make sure the attestation box is checked
- Click "SUBMIT". Do not click "Save" here.
- You should see a picture of a thumbs up indicating you report has been successfully resubmitted to the LME/MCO.



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Confidentiality

- All incident reports are confidential and protected by G.S. 122C-30, G.S. 122C-31, G.S. 122C-191, G.S. 122C-192
- Incident reports are quality assurance administrative forms and should not be filed in a consumer's medical record



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Other Resources

- IRIS Technical Manual:
<http://www.ncdhhs.gov/mhddsas/providers/NCincidentresponse/iris6-4-10dhhsmanual.pdf>
- IRIS Reporting Manual (refer to pp. 20-25, Appendix B for detail on incident categories):
<http://www.ncdhhs.gov/mhddsas/providers/NCincidentresponse/incidentmanual2-25-11.pdf>
- IRIS Website: <https://iris.dhhs.state.nc.us/>
- IRIS Test Site: <https://irisuat.dhhs.state.nc.us/>
- NC Medical Examiner/Document Request:
<http://www.ncdhhs.gov/mhddsas/providers/NCincidentresponse/index.htm>
- Death certificates: obtained by contacting the Dept. of Vital Statistics of the county where the person died. We do not need an official certificate. Copies are fine.
- DHSR Complaint Line: 1-800-624-3004/ Fax: (919) 715-7724
- HCPR: 919-855-3968/Fax: (919) 733-3207
- Blank IRIS Forms per category of incident:
<http://www.ncdhhs.gov/mhddsas/providers/NCincidentresponse/index.htm>



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QUESTIONS???

Partners Consumer Rights Officers:

1. Deborah Jackson
(704) 772-4294 (office)
Responsible Counties: (Cleveland, Gaston, Lincoln)
Responsible for Level III's in all counties
 2. Keshia Sandidge, LCSW, LCASA
(704) 884-2698
Responsible Counties: (Iredell, Surry, Yadkin)
 3. Rodney Harris, LCSW
(704) 884-2624 (office)
Responsible Counties: (Burke and Catawba)
- Consumer Rights Officers Fax: (704) 884-2620
Consumer Rights Officers Email: iris@partnersbhm.org



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**WPIC Protocol Initiative Update
for Provider Webinar**



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**Presented by Kenneth Gehrig
Integrated Care Lead**

Partners' Integrated Care Department Goal

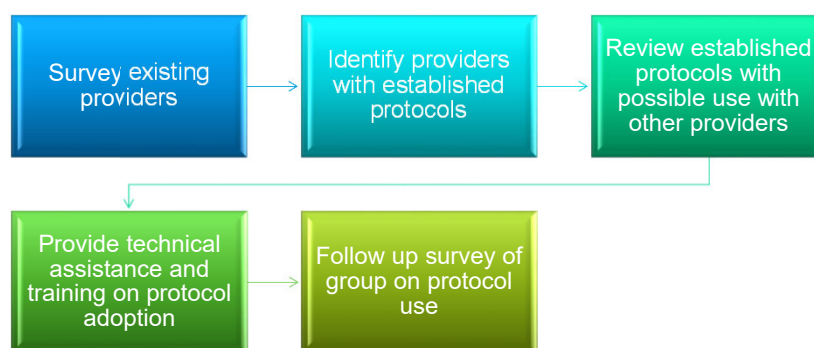
- ▶ To add 60 In Network providers to the Provider Network who have adopted protocols to obtain preventive physical care and annual physical data for behavioral health consumers by 6/30/2019



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Action Plan



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Progress to date

- IC Team surveyed providers through survey shared through PNAS
- 85 responses were received
- To date: 57 providers indicated interest in sharing documentation and developing protocol
- IC team has received 5 to date



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Next Steps

- **Focus efforts on receipt of documentation of remaining interested providers**
- **Recruit additional providers to exceed goal**
- **Provide feedback to providers who have requested feedback**



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Questions?

You can still be part of this initiative

Please contact Jennifer Greene, Integrated Care Project Manager with any questions or if you want to serve on the workgroup for this project.

jgreene@partnersbhm.org

828-323-8086

You can also direct questions

to Jennifer through your account specialist.

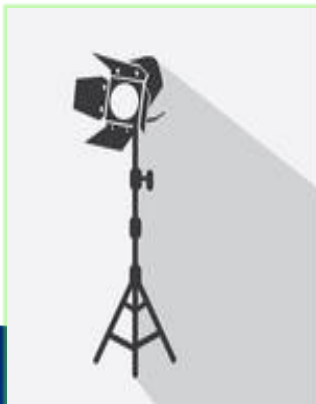


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Provider Spotlight: CTS Health

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CTSHHealth

*INTEGRATED
WELLNESS*

Nurturing Wellness Through Integrated Care



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1538 UNION ROAD, SUITE B GASTONIA, NC 28054

704-864-1477

WWW.CTSHHEALTH.ORG

Mental Illness:

- Affects 1 in 5 adults
- Increases risk of chronic health conditions
- Shortens person's lifespan
- Generalized Anxiety and Clinical Depression
 ½ don't get treatment

Individuals with mental illness, addictions and behavioral problems and their families need:

- Behavioral Health Services
- Integrated Care
- Broad system of supports

Foundational need was determined by an independent assessment of Mecklenburg and surrounding counties, attendance at Child Collaborative Meetings, and conversations with Youth Family Services and other DSS officials







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Behavioral Health at-a-glance

- ✓ 80% of people with a behavioral health disorder will visit a primary care provider at least once a year
- ✓ 50% of all behavioral health disorders are treated in primary care
- ✓ 48% of appointments for all psychotropic agents are with a non-psychiatric primary care provider
- ✓ 67% of people with a behavioral health disorder do not get behavioral health treatment
- ✓ 30-50% of patient referrals from primary care to an outpatient behavioral health clinic do not make the first appointment



- ✓ Two-thirds of primary care physicians report not being able to access outpatient behavioral health for their patients due to critical barriers to mental health access:

- Shortages of mental health care providers
- Health plan barriers
- Lack of coverage or inadequate coverage

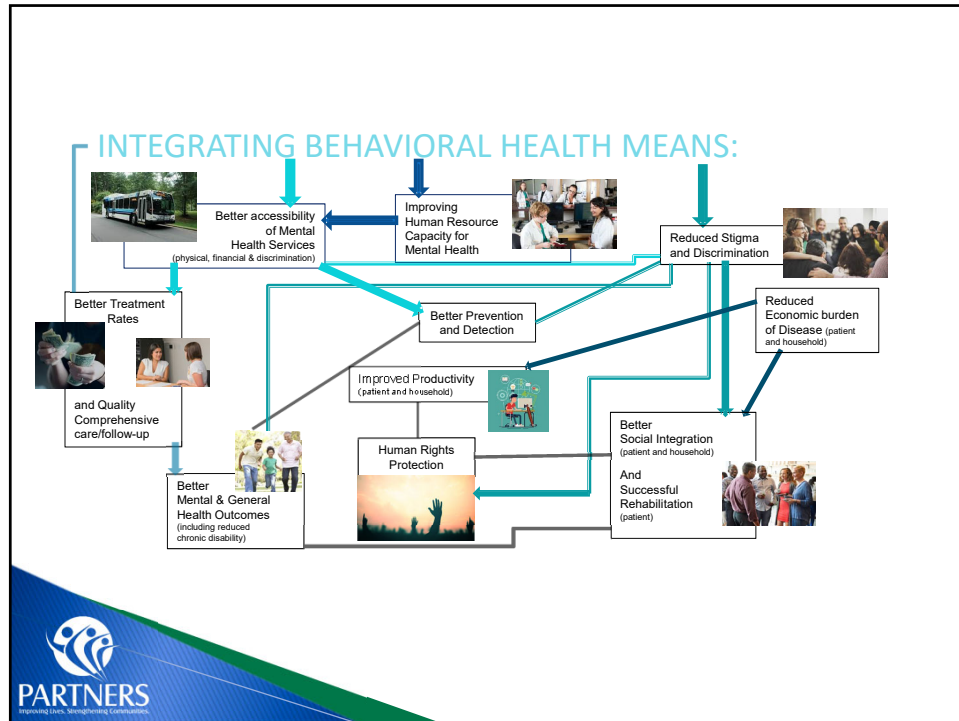


Financial Benefits of Integrating

Behavioral Health

- Use of health care services decreased by 16% for those receiving behavioral health treatment, while it increased by 12% for patients who were not treated for their behavioral health care needs
- Depression treatment in primary care for those with diabetes had \$896 lower total healthcare costs over 24 months
- Depression treatment in primary care had \$3,300 lower total healthcare cost over 48 months
- Behavioral health disorders account for half of all disability days
- Annual medical expenses--chronic medical & behavioral health conditions combined -- cost 46% more than those with only a chronic medical condition
- Of the top five conditions driving overall health care costs (work related productivity + medical + pharmacy cost), depression is ranked number one





We Are Qualified

CTS HEALTH HAS:

- Provided mental health and behavioral health services throughout western North Carolina since 2001
- CARF accreditation
- Cross-functional team of qualified mental health professionals
- Comprehensive services to meet an array of needs

We Serve:

- Diagnosed mental health consumers and at risk of developing mental health issues
- Substance abuse
- Developmental problems

CTS Health's Design

- Enhance the functional capacity of consumers and improve their quality of life and their families
- Reduce the incidental risk for individuals and to successfully integrate them into functional daily living
- Reduce mental health symptoms and behaviors
- Increase the level of success in home, school, and community environments
- Support parents/caregivers to more successfully manage the individual's challenging behavior
- To decrease delinquent behavior



CTSHHealth Utilizes The Resiliency Model

- Focuses on instilling hope, identifying, and then increasing the protective factors of all consumers served
- Delivers one-on-one care according to age, emotional functioning, personality and skill level
- Meets the needs of the consumers served, their natural supports, and the community
- Develops an intensive therapy structure which provides the opportunity for family members to work closely with the individual while in treatment



Meeting the consumer by bringing services to the community

- Diagnostic assessment to determine the mental health needs of the individual
- Within 48 hours a treatment plan is developed which is based on identified goals and designed to meet the needs of the consumer and his/her family
- A direct care worker is assigned to the individual/family to create a schedule services the most accessible and convenient setting for the consumer



Our qualified team of professionals work with our consumers to address:

Social Skill Streaming
Current Event/Effective Communication
Gang Prevention/Intervention
Anger management
Stress management
Substance abuse
Community and Family Support



Emotional and behavioral problems effectively addressed :

Depression
Anxiety
Defiant Behavior
Self-harm/cutting
Post-traumatic stress
Mood Disorder
Substance abuse
Eating disorders
Poor school performance
Sexualized behaviors
Risk-taking behaviors



Services We Provide:

CTSH^{HEALTH} offers the following services to assist consumers in their transition to a normal school setting or employment.

Diagnostic Assessment: identifies the consumer's needs, concerns, strengths and deficits and allows the consumer and his or her family to make informed decisions about the treatment. **Patient condition, characteristics, or situational factors** may require services which are interactively complex. The assessment includes a comprehensive **bio-psycho-social interview and review of relevant psychological, medical, and educational records** to obtain information necessary to establish or support a diagnosis. It also serves to provide the basis for the development or modification of the treatment plan and development of discharge criteria.

Comprehensive Clinical Assessments: are intensive, clinical evaluations used to ascertain an individual's social, family and mental health history to identify the individual's strengths and needs and to make recommendations for appropriate services.



Psychological Testing consists of a series of tests that help determine the cause of psychological symptoms and disorders, to determine the correct diagnosis and follow up with the appropriate course of treatment.

Individual Therapy is an interpersonal, relational intervention directed towards increasing an individual's sense of well-being that focuses on the enhancement of an individual's capacity to manage his or her emotions and behaviors through effective decision making, developing and acquiring coping skills, making better choices and decisions, achieving personal goals, and developing self-confidence and self-esteem.

Family Therapy allows consumers and their families to work together toward resolving emotional and behavioral difficulties and encourage personal development and ways to improve and manage functioning.



Group Therapy is a method of treatment in which consumers with similar problems meet face-to-face in a group with a clinician. The focus of Group Therapy is to assist consumers with solving emotional difficulties and to encourage the personal development of participants in the group. The group process allows members to offer each other support, share common experiences, identify strategies that have been successful for them, and to challenge each other's behaviors and cognitions. The therapist guides the group to ensure the process is productive for all members and focuses on identified therapeutic issues.

Behavioral Health Care Management/Integrative Collaborative Care Model is a relationship with practicing physicians and offices to meet requirements for Advanced Medical Home -Level III utilizing skilled care team members for population management strategies to reduce cost and improve outcomes.

Community Support

Family Support



We Are Capable

CTShealth believes that an intersectoral approach and collaboration will enhance the success of the integrated wellness approach. Collaboration with non-health sectors such as education, social welfare, justice or employment/labor both at the policy, planning and implementation/service levels will be beneficial to underserved populations.

The CTSHealth Hickory Behavioral Urgent Care opened December 1, 2019 to establish the basis for a 12-month pilot program of integrating our services, which will include collection of data on a bi-quarterly basis to measure outcomes and to gauge consumer progress.



THANK YOU

QUESTIONS?



1538 UNION ROAD, SUITE B GASTONIA, NC 28054
704-864-1477
WWW.CTSHEALTH.ORG





NC-TOPPS Episode Completion

How NC-TOPPS Works?



NC-TOPPS is **based on face-to-face interaction** between a consumer and a QP with the objective of enhancing the clinical assessment process and providing information for the consumer's treatment plan.

Initial, Update and Episode Completion Interviews are designed to assist in assessing the effectiveness of treatment.



How it Works? (Continued)



The **Initial Interview** is designed to gather information on consumer demographics and pretreatment behaviors. This is required to be done face to face within the **first or second** treatment visit.

Update Interviews (conducted at **three, six, twelve months**, and **bi-annually thereafter**) gather information on consumer status changes and treatment outcomes



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Episode Completion Interviews...

...must be submitted when a consumer has:

- successfully **completed treatment** (QP should conduct an in-person interview with consumer just prior to the end of services)
- been **discharged** at program initiative
- refused treatment**
- not received any services for 60 days** (check "Did not return as scheduled within 60 days.")
- changed to **service not required for NC-TOPPS**
- moved out of area** or changed to different LME-MCO
- been incarcerated or institutionalized
- died or other

If a consumer returns after an Episode Completion Interview has been completed, the assigned QP from the provider agency should complete an Initial Interview for the new episode of care.



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NC TOPPS Quality Improvement Projects (QIPs)

Current/Active QIPs:

- Increase Initial NC-TOPPS Interviews
 - The goal is to increase the number of initial interview completed on time to 70%
- **Increase the Percentage of Consumers Completing an Episode of Treatment via NC-TOPPS**
 - The goal is to increase the percentage of Episode Completion reason for completed treatment to 25%.



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Episode of Care...

NC-TOPPS is designed to follow a consumer across an “episode of care.” An episode is defined as the period that begins with the initiation of services and ends with the termination of services or with a lapse in services of 60 days or more. A consumer who returns to services after a lapse begins a new episode of care.

For consumers receiving mental health and substance use disorder services, an Initial Interview must be completed at the beginning of an episode of care, followed with Updates (at 3 months, 6 months, 12 months, and other bi-annual updates as necessary), and an Episode Completion Interview at the end of an episode of care.

All NC-TOPPS interviews must be entered into the web-based system by the QP or Data Entry User (DEU).



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Authorization (Consumer Consent) to Release Information for Coordination of Care

Confidentiality of a consumer's health information is protected under North Carolina laws and Federal regulations 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91 (HIPAA) or implementing regulations, 45 CFR Parts 160 and 164.

This federal laws requires the provider agency to obtain explicit consent from a consumer before sharing any PHI, including NC-TOPPS data, with other provider agencies for the purpose of coordinating care for a specific consumer.

This requirement includes obtaining written consent to share a consumer's PHI with an LME-MCO, as well as with other DMH/DD/SAS provider agencies or primary medical care providers, for this purpose.

The provider agency may only share a consumer's PHI with those provider agencies explicitly named on the signed consent form.



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Authorization (Consumer Consent) to Release Information for Coordination of Care



Authorization for Use, Disclosure, and Exchange of Protected Health Information

Client Name:		DOB:	
Medicaid ID:	Partners BHM ID:	Previous LME/ID:	

I, _____ do hereby authorize Partners BHM and _____

Client or client representative

Name of Agency that information is to be shared with Agent: _____ Date: _____
 Staff e-mail address: _____ LSC/MSD ID: _____ Address/Phone number of Agency information is to be shared with: _____

Share the following protected health information:

Please be specific when requesting. Discloses the type, period of _____ Date authorized for release _____
 may include the following (initial if applicable)

☐ Alcohol/Drug treatment ☐ Diagnostic information ☐ Financial/Healthcare ☐ Health ☐ Human immunodeficiency virus (HIV) ☐ Mental assessment ☐ Medication information ☐ Progress/Service notes	☐ Psychological/Psychiatric Evaluations ☐ Screening/Contact Assessment ☐ Service/Treatment Plan ☐ Tobacco/Alcohol ☐ Other/Discontinue to include: <u>NC-TOPPS/HEALTHY</u>
---	--

The purpose of the disclosure is (check which one applies):
☐ For the Quality of Care, Continuity of Care, Referral, Disability, Other (see #) Transfer NC-TOPPS/HEALTHY to my new provider

RE-DISCLOSURE: Once information is disclosed pursuant to this signed authorization, I understand that the Federal Health Privacy Law (45 CFR Part 164) may not apply to the recipient of the information and, therefore, may not prohibit the recipient of the information from re-disclosing it. Other laws, however, may prohibit re-disclosure. When information is released from this agency protected by state law (NCDS 1202) or otherwise abuse treatment information protected by federal law (42 CFR part 2), the recipient of the information is informed that re-disclosure is prohibited except as permitted or required by their law. Our Notice of Privacy Practices describes the circumstances where disclosure is permitted or required by these laws.

RE-CAUTIONS AND DISCLOSURE: I understand that this authorization may be rescinded in writing at any time, except where action has already been taken on this authorization. The process for how to rescind this authorization, as well as the exceptions to my right to rescind, are explained in Partners Behavioral Health Management Notice of Privacy Practices, a copy of which has been provided to me.

If not rescinded earlier, this authorization to disclose applies to:

Not to exceed one year from date of signature

Notice of voluntary authorization: I understand that I may refuse to sign this form. If I choose not to sign this form, I understand that Partners Behavioral Health Management cannot deny or refuse to provide treatment, payment, enrollment in a health plan, or eligibility for benefits based on my refusal to sign unless the provision of health care is solely for the purpose of issuing protected health information for disclosure to a third party on provision of an authorization for the disclosure of the protected health information to such third party. I understand that my signature is voluntary on this authorization and that I may request a copy of it once I have signed it.

Signature of Client	Date	Printed Signature of Client	Date
Signature of Client Legal Representative - If Client unable to sign	Date	Printed Signature of Client Legal Representative	Date

Client Legal Representative relationship to client: _____

Revision 03/12

You this form to 704-684-2721



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Benefits of Episode Completion Reason being Completed Treatment

Consumer

- Instills hope that recovery and resiliency is possible for consumers newly entering services
- Allows them to see how much they have improved since their initial interview

Provider agencies and LME-MCOs

- Provides a useful dashboard system to monitor agency and service outcomes
- Provides evidence of positive service outcomes that can be a good public relations tool for behavioral health services with community stakeholders
- Receive outcomes information directly from the consumer regarding the treatment they have received from your agency as well as previous agencies



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Reports that Generate Episode Completion Data

Simple Query Report

Interview Method Report

Outcomes At a Glance 2.0 Report

Reports of aggregate information from the Episode Completion Interviews are published on the NC-TOPPS website for use by

- State and local government agencies
- Provider agencies
- Consumers and their families
- Public stakeholders

Provider agencies and LME-MCOs can also request data if they are interested in receiving their data for local analysis.



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Contacts:

NC-TOPPS Help Desk: NCSU Center for Urban Affairs and Community Services, NC State University:

- (919)-515-1310
- nctopps@ncsu.edu

Partners Email: NCTOPPS Questions

- nctoppsquestions@partnersbhm.org

(please use only consumer MR#'s in emails-no identifying information!)



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Resource

SFY 2018-2019 NC-TOPPS IMPLEMENTATION GUIDELINES
(Effective July 1, 2018)

<https://nctopps.ncdmh.net/Nctopps2/docs/july2018/NC-TOPPSGuidelinesVersion14.0July2018.pdf>



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**Medication Assisted Recovery Services
SAMHSA Grant
9/30/18 – 9/29/21**

Gaston-Lincoln MARS Project

Covers two counties and provides a comprehensive array of Medication Assisted Recovery Services (MARS) to financially needy residents

SAMHSA = Substance Abuse Mental Health Service Administration
Branch of U.S. Department of Health and Human Services (DHHS)

MAT-PDOA = Medication Assisted Treatment – Prescription Drug and Opioid
Addiction

Applied for grant in July 2018

Awarded Sept. 17, 2018

Began Sept. 30, 2018



Required Activities:

- ▶ Provide Medication Assisted Treatment (MAT) using FDA approved products
- ▶ Conduct Comprehensive Clinical Assessments
- ▶ Use the NC Controlled Substance Reporting System (CSRS)
- ▶ Screen and treat co-occurring mental health & substance use disorders
- ▶ Implement a plan to mitigate diversion of medications



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Required Activities:

Outreach & engagement strategies to increase diversity
 Ensure all involved practitioners obtain DATA (Drug Addiction Treatment Act) waiver
 Build funding and service delivery models to provide a robust suite of treatment and recovery support services
 Use telehealth services or other innovations to engage/retain
 Provide Recovery Support Services (RSS) like Peer Support

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Additional Activities

- ▶ Provide education, screening, care coordination, risk reduction interventions, testing, and counseling for HIV/AIDS, hepatitis, and other infectious diseases for people with opioid use disorders (OUD) who are receiving MAT
- ▶ Develop and implement nicotine cessation programs and activities for people with OUD who are receiving MAT

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Funding

- ▶ **\$524,670** for first year –beginning Sept. 30, 2018
- ▶ **\$1.6 million** over three years
- ▶ Annual Breakout
 - \$102,925 for Staffing
 - \$51,000 for Grant Evaluation
 - \$360,449 for Services to Consumers

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Disparity Impact Statement

Completed November 21, 2018

1. Description of population to be served and rationale of determination (45 in first year & 160 across three years)
2. Quality Improvement Plan of how data will be used to make programmatic adjustments and manage outcomes across diverse populations to reduce any disparities
3. Quality Improvement Plan includes methods related to Policy & Procedure to ensure adherence to Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards



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Outreach Plan

- Multi-strategy
- Includes information from the Disparity Impact Statement
- Targets the general as well as specific populations
 - Criminal Justice
 - Hispanic/Latino



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MARS Advisory Board

- ▶ Purpose-provide guidance and recommendations on MARS implementation
 - Marketing and outreach
 - Retention and adherence
 - Program Progress
- ▶ Representation
 - Community organizations
 - Consumers
 - Health providers
 - Peer support

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Recovery Focus

Home, Health, Purpose & Community

A process of change
through which individuals
improve their health and wellness,
live a self-directed life,
and strive to reach their full potential.

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Providers

Integrated Care of Greater Hickory-Office
Based Opioid Treatment in Lincolnnton

McLeod Addictive Disease Center-Opioid
Treatment Program in Gastonia

Olive Branch Ministry-Peer Support Services in
Gastonia



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Contact Information

Vanessa Anderson, M Ed, CPS
(828) 323-8062
vanderson@partnersbhm.org



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Enrollment and NC Tracks

DANIELLE R. CLARK-ENROLLMENT
SUPERVISOR



Enrollment in Alpha

Provider Network Enrollment staff verifies that the provider is:

- Credentialed with Partners
- Enrolled in NC Tracks

If credentialed and enrolled in NC Tracks:

- Enrolled in Alpha MCS
- Contract issued



If Provider NOT Enrolled in NC Tracks:

- Partners cannot Enroll provider in Alpha and cannot issue a contract



Common Enrollment Issues for associated clinicians:

- Practice address is not under Name/Address Tab in NC Tracks
- License has expired
- Clinician not Affiliated with agency in NC Tracks
- Taxonomy is not loaded in NC Tracks/NPPES
- Taxonomy is not an acceptable billing taxonomy



Enrollment Cannot

- Make any changes in Alpha until the changes can be verified in NC Tracks.
- Accept a managed change request as proof changes have been made.



If Enrollment Status Letter is received:

- Once the manage change request is approved-Please let enrollment staff know, so that the changes can be verified.
- Enrollment staff do not go back and check NC Tracks for changes unless they are notified.



If you have Enrollment Questions

Enrollment group email address is

enrollment@partnersbhm.org

Danielle R Clark-Enrollment Supervisor can be reached directly at dclark@partnersbhm.org or 828-325-8158



PARTNERS
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Credentialing

Personnel Change

Jason Arenillas is the new Credentialing Supervisor

Email: Jarenillas@partnersbhm.org

Phone #: (828) 325 8142



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CAQH

All clinicians must ensure that their CAQH information is up-to-date:

- A state release will become available in CAQH once credentialing staff add the clinician to the CAQH Partners BHM roster
- Credentialing staff will notify the agency and clinician once they are added to the CAQH Partners BHM roster
- The state release can be found in the document section in CAQH, sign and date and upload back into CAQH



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Re-Credentialing/Contract Notices

- Six Months prior to the expiration of credentialing each provider (clinicians, LIPs as well as agencies) receives a re-credentialing notification.
 - The notice to associated clinicians and LIPs goes to the last e-mail address on file for the clinician/LIP.
 - The notice for agency re-credentialing goes to the agency credentialing primary contact via e-mail as well as to the CEO via certified mail.
- If Partners BHM has not received an application 90 days prior to credentialing expiration then providers receive another e-mail notification.
 - Agencies and LIP's also receive a contract warning notice via certified mail at this point.
- No further notification is sent to associated clinicians. If an application is not received prior to the expiration date of credentials then the clinician is removed from the network.
- If Partners BHM has not received a **complete** re-credentialing application from LIPs and agencies **60 days prior to credentialing expiration** then Partners BHM issues a **contract non-renewal letter** via certified mail ending your participation in the Partners BHM network effective the date of the credentialing expiration. Partners BHM is required to begin notifying consumers that the provider is no longer eligible to offer services in the network at this point.



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Agency/LIP Application Deadlines

The application must be **complete** (information in the application is correct/accurate and no additional information is needed) in order to avoid or stop the contract non-renewal process.

Please remember: the contract non-renewal process can be avoided entirely by submitting your complete re-credentialing application in advance of the deadline specified in the notification(s) you receive from us.



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Credentialing vs. Enrollment

Credentialing and enrollment are two different processes and departments within Partners BHM.

Partners BHM enrollment is separate from NC Tracks enrollment.

Application for enrollment with NC Tracks should be completed first (for providers who are new to Partners).

While the NC Tracks application is being processed, the provider should apply for credentialing with Partners.

The **credentialing** application process with **Partners CAN** be completed while enrollment with **NC Tracks** is still **pending**.

Enrollment (in Alpha) with **Partners CANNOT** be completed until enrollment with **NC Tracks** is **completed**.



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Credentialing vs. Enrollment (cont)

A provider CAN be **credentialed** with Partners BHM BEFORE being **enrolled** with NC Tracks OR Partners BHM.

A provider CANNOT be **enrolled** with Partners BHM before being BOTH **enrolled** in NC Tracks AND **credentialed** with Partners BHM.

When initiating credentialing for an agency, be sure to submit the Provider Change Form to initiate credentialing for the associated clinicians that will provide the services with the agency at the same time.

The Provider Change Form lists out all the information needed to initiate credentialing for a clinician



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NPPES

- ▶ Addresses, taxonomies, NPI numbers must all match in NC Tracks, NPPES and Alpha.
- ▶ Inconsistencies among these databases will not stop your credentialing application from being processed but **will** prevent you from billing
- ▶ NPPES must have the most current address/taxonomy information for the agency under the NPI# associated with each site.
- ▶ Credentialing will verify that the site/taxonomy in the application are registered in NPPES under the NPI# listed for it.



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NPPES – Making Changes to Information

- ▶ If you need assistance making changes to NPPES:
 - For **individual** NPI numbers:
 - Call: **800-465-3203**
 - For **organization** NPI numbers:
 - Call **866-484-8049**
 - Select the option called “**Identity & Access**” (**I&A**)
 - Ask for guidance in processing a “**role request**” to gain access to organization NPI information
 - For all changes related to the organization NPI, you will likely need to have your W-9 handy when you call



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Making Changes to Provider Info

- ▶ For any changes such as name changes, license updates, adding a site, adding services, and updating taxonomy/NPI# to the Partners BHM contract, the provider will need to submit a Provider Change Form with the specific change and information listed.
- ▶ The Provider Change Form is found on the Partners BHM website under the "Provider Knowledge" tab at the top of the website. Once in there, go to "Credentialing and Enrollment" tab. When you scroll down the page you will see an actions grid and the Provider Change Form will be there.
- ▶ Please submit a Provider Change Form to the credentialing team email (CredentialingTeam@partnersbhm.org) for any changes needed to be made to the agency.



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Agency Primary Contact Info

- ▶ Please ensure the primary contact information for the agency is correct in the application.
- ▶ If the primary contact for the agency changes let Partners BHM know by submitting a Provider Change Form to update the primary contact info for the agency.
- ▶ This will ensure correspondence is not missed and communicated effectively.



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Clinician Insurance Requirements

- Must submit a Certificate of Insurance for the agency's Professional Liability insurance with Partners listed as a Certificate Holder.
- If the clinician is covered under the agency's Professional Liability insurance, please submit either a roster of covered employees or documentation on agency letterhead evidencing that the clinician is covered by the policy.
- In the event the clinician is not covered under the agency's Professional Liability, please submit a Certificate of Insurance for the clinician's individual/personal policy.
- This certificate must list Partners as a Certificate Holder as follows: Partners BHM, Attn: Credentialing Dept., 1985 Tate Blvd. SE, Suite 529, Hickory, NC 28602.



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Agency Insurance Requirements

- ▶ Partners BHM is required to be listed as “additionally insured” under the General Liability coverage.
- ▶ Partners BHM is required to be the “certificate holder” for all required insurance coverage policies for credentialing (General Liability, Professional Liability, Auto Liability, and Workers Compensation).



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Recredentialing Providers

- ▶ Provider agencies, clinicians, and licensed independent practitioners can keep track of credentialing expiration dates via the lists on the Partners BHM website, below is the link.
- ▶ <https://providers.partnersbhm.org/provider-enrollment-credentialing/>
- ▶ The list of credentialing expiration dates are updated each month



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Questions?

- ▶ Jason Arenillas, Credentialing Supervisor
 - (828) 325 8142
 - Jarenillas@partnersbhm.org
- ▶ Credentialing Department
 - (704) 842-6483
 - CredentialingTeam@partnersbhm.org

Please be sure to communicate the credentialing information with the credentialing staff/primary contact for your agency, thank you!



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Provider Council Update

Access to
Care 13
Department 9

Provider Council Staff- 2019

- ▶ Chair- Timothy Lentz
- ▶ Vice Chair- Beth Brown
- ▶ Secretary- Alicia Emmons



Provider Council-2019

- HIE connection is still an expectation for 2019, although some specialties may be delayed.
- Provider Council Attendance, Contact Information, 2019 Charter, and Guidelines Review .
- Continuance of Mobile Crisis, PSR and Peer Support sub- committee in anticipation of revisions to proposed changes to definitions.
- Provider council will add providers from Rutherford county to the council.



PARTNERS
Improving Lives. Strengthening Communities.

MORES

**Mobile Outreach Response,
Engagement, and
Stabilization**

What is MORES?

- ▶ M-Mobile
- ▶ O-Outreach
- ▶ R-Response
- ▶ E-Engagement
- ▶ S-Stabilization



MORES

How is MORES different than MCM (Mobile Crisis Management)?

Populations Served:

- ▶ MCM: Children and Adults (all funding sources)
- ▶ MORES: Children ages 5 to 21 (Medicaid only)



How is MORES different than MCM

Response Time:

- MCM: 2 hours, 15 minutes
- MORES: 45 Minutes



How is MORES different than MCM (Mobile Crisis Management)

Service Duration:

- MCM: 24 hours, additional hours can be requested.
- MORES: UP to 8 weeks, if needed



How is MORES different than MCM (Mobile Crisis Management)

Services Provided during Episode of Care:

- MCM: Response, Assessment and Referral.
Service is reactive to the crisis and is brief.
- MORES: Response, Assessment, Engagement, Referral and Stabilization.
Service can be preventative and reactive, and can last longer, if needed.



How is MORES different than MCM (Mobile Crisis Management)

Service Area:

- MCM: All 100 Counties in NC
- MORES: Burke and Gaston Counties
**** Counties were chosen due to having the highest number of children placed out of home in Partners' eight-county region.



How is MORES different than MCM (Mobile Crisis Management)

▶ Team Structure:

- ▶ MCM: Team Leader, Psychiatrist, Substance Use Professional, Qualified Professional, Para Professional or Associate Professional
- ▶ MORES: Licensed Team Lead, Psychiatrist, Qualified Professional, Associate Professional and Family Partner (a parent who has lived experience with a child who has been involved in multiple systems of care)

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How is MORES different than MCM (Mobile Crisis Management)

Training:

- ▶ MCM: Training in MCM service definition, responding to a Crisis, Involuntary Commitment (IVC), Substance use disorder-specific training.
- ▶ MORES: Trainings above, plus
Child and Adolescent Development, System Navigation, Intellectual/Developmental Disabilities (IDD), Positive Behavioral Supports, Trauma Informed Care, Cultural sensitivity with families, Motivational Interviewing, Child and Family Teams, and High Fidelity Wraparound.



MORES is being piloted in:

Burke County (services through Catawba Valley Behavioral Health)

Gaston County (services through Phoenix Counseling Center)

Individuals for the service are identified through crisis calls to Partners Access to Care



And one last thing.....

Access to
Care
Department

NC Health Connex:

REMINDER!

NC HealthConnex

All providers must be enrolled or have a State approved extension by June 1, 2019

If you don't, you won't get paid.

Please submit all questions related to this webinar to:
questions@partnersbhm.org

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