



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
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Steven Jordan, Director

April 20, 2011

MEMORANDUM

TO: All Interested Parties

FROM: Steven Jordan *SS*

SUBJECT: Summary Version of Implementation Update #86

Please send any input or suggestions for the Summary version to us at ContactDMH@dhhs.nc.gov. Readers who want to view the Implementation Updates and other summaries may find them on our website at <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>; refer to the detailed version as the authority to avoid confusion.

Training Requirements for Community Support Team, Intensive In-Home, Day Treatment and Mental Health/Substance Abuse Targeted Case Management

- In the past several months, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and the Division of Medical Assistance (DMA) have actively solicited stakeholder feedback regarding some of the training requirements.
- In an effort to address provider concerns, maintain clinical integrity, provide clarity, and allow flexibility, the Divisions are offering providers a choice of the following training options:

1. Person Centered Thinking

Effective immediately, Critical Access Behavioral Health Agencies (CABHAs) have the following options to meet the 12 Hour Person Centered Thinking training requirements set forth in Intensive In-Home (IIH), Community Support Team (CST), Day Treatment and Mental Health/Substance Abuse (MH/SA) Targeted Case Management (TCM) service definitions. The options are as follows:

- **Option A:**
Completion of the 12 hour Person-Centered Thinking training by a trainer certified through the Learning Community for Person Centered Practices that can be found at <http://www.unc.edu/depts/ddti/pct-training.html>. There is also a link to this website on the Person-Centered Information page of the DMH/DD/SAS website: <http://www.ncdhhs.gov/mhddsas/pcp.htm>.
- **Option B:**
Completion of the original 6 hour Person-Centered Thinking training requirement and the additional 6 hour MH/SA Person-Centered Thinking/Recovery training. Required elements may be found at: <http://www.ncdhhs.gov/mhddsas/cabha/recovpct.htm>. In addition, it is the Division's intention to



develop a Person-Centered Thinking/Recovery curriculum and make it available as an alternative for use by providers.

2. Motivational Interviewing Training

The requirements for the introductory Motivational Interviewing training have not changed; however, the 13 hour introductory Motivational Interviewing training requirement may be completed with a Motivational Interviewing Network Trainer (MINT) or through an online or web based training only if that training has been developed by a Motivational Interviewing Network Trainer and is facilitated by a Motivational Interviewing Network Trainer.

Training Opportunity: Motivational Interviewing Network Training for New Trainers

- In October 2011, the Motivational Interviewing Network of Trainers (MINT) will provide a four-day Motivational Interviewing Network Trainer Training for New Trainers (TNT) sponsored by the DMH/DD/SAS that will be offered at no cost to approved applicants.
- The Motivational Interviewing Network Trainer Training for New Trainers application process will begin on April 11, 2011.
- The Motivational Interviewing Network Trainer application approval process is determined by the Motivational Interviewing Network Trainer board.
- The first 40 applicants to meet criteria for the Motivational Interviewing Network Trainer Training for New Trainers will be admitted to training.
- Applications will close on August 31, 2011 or whenever 40 candidates have been accepted for training, whichever comes first.
- A subsequent two-day Motivational Interviewing Treatment Integrity coding system training will be offered for those who successfully complete the Motivational Interviewing Network Trainer Training for New Trainers for use in coaching, training, supervision and quality assurance of the practice of Motivational Interviewing.
- Candidates who successfully complete the Motivational Interviewing Network Trainer Training for New Trainers training will become members of the Motivational Interviewing Network of Trainers, and will be recognized as Motivational Interviewing Trainers by the state of North Carolina.

Endorsement Policy and Additional Revisions to the DMH/DD/SAS Provider Endorsement Policy

- Revisions have been made to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services Provider Endorsement Policy based on input and recommendations received at the Critical Access Behavioral Health Agency regional trainings:
- Please see the full Implementation Update #86 and the revised Division of Mental Health, Developmental Disabilities, and Substance Abuse Services Provider Endorsement Policy for additional details. The policy can be found at <http://www.ncdhs.gov/mhddsas/stateplanimplementation/providerendorse/index.htm>.
- Revisions are effective April 15, 2011.

Critical Access Behavioral Health Agency First Responder Requirements

- Consistent with 10A NCAC 22P .0302(e), Critical Access Behavioral Health Agencies shall perform "first responder" crisis response 24 hours a day, 7 days a week, 365 days a year to all consumers accessing Critical Access Behavioral Health Agency services, as follows: Critical Access Behavioral Health Agencies shall serve as first responder when any consumer who has been assessed by the Critical Access Behavioral Health Agency and is receiving services from the Critical Access Behavioral Health Agency undergoes a crisis.
- For purposes of first responder requirements, crisis is defined as: a high level of mental or emotional distress, or an episode, which without immediate intervention will foreseeably result in the person's condition worsening, environmental instability or could result in harm to self or others.



- All Critical Access Behavioral Health Agencies shall be accessible 24/7/365 to respond directly to consumers and to collaborate with and provide guidance to other crisis responders regarding coordination of treatment for Critical Access Behavioral Health Agency consumers in crisis.
- The first responder shall use the crisis plan developed with the consumer to coordinate and communicate with all other crisis responders (in accordance with HIPAA and 42 CFR Part 2) to ensure that the crisis plan is implemented.
- All Critical Access Behavioral Health Agencies shall have written policies and procedures in place that will be made available to all consumers, and shall include contact information for the consumer to first contact the Critical Access Behavioral Health Agency rather than other crisis responders, such as hospital emergency departments and mobile crisis management teams.
- Each Critical Access Behavioral Health Agency shall provide all consumers with a phone number to contact a live person 24/7/365 for use when crises occur.
- First response may be telephonic, but face to face intervention shall be attempted prior to referral or if necessary, in conjunction with other crisis responders.
- If a Critical Access Behavioral Health Agency refers the consumer to an emergency facility or other crisis responder, the Critical Access Behavioral Health Agency shall communicate with the crisis responder in order to facilitate coordination of care.

Update to Critical Access Behavioral Health Agency Letter of Attestation Process

- As set forth in 10A NCAC 22P .0501, the necessary supporting documentation to meet Critical Access Behavioral Health Agency requirements includes: (10) A Certificate of Existence or Certificate of Authorization from the N. C. Secretary of State's Office in accordance with G. S. 55A-1-28 (for domestic and foreign corporations) or G.S. 57C-1-28 (for domestic and foreign limited liability companies).
- This rule also addresses other required supporting documents noted in (1) - (9) of the rule. The content form of the Critical Access Behavioral Health Agency Letter of Attestation is updated to reflect this change and can be found at: <http://www.ncdhhs.gov/mhddsas/cabha/index.htm>. This requirement takes effect immediately.

Community Support Team/Intensive In-Home Team Leader Clarification

Question: Can a qualified professional who is an applicant to be licensed serve as the team leader in a service that allows the team leader to be licensed or provisionally licensed (e.g., Community Support Team or Intensive In-Home Team)?

Answer: In order to qualify to serve as a team leader in any enhanced service that allows a provisionally licensed individual to serve as the team leader, the professional must have already been granted the “provisional” status by their licensing board. The different licensing boards refer to this status of licensee by a variety of titles. The following list is the current title of the “provisionally” licensed professional according to the following licensing boards.

- North Carolina Psychology Board – Provisional Licensed Psychologist
- North Carolina Social Work Certification and Licensure Board – Provisional Licensed Clinical Social Worker
- North Carolina Substance Abuse Professional Practice Board – Provisional Licensed Clinical Addiction Specialist
- North Carolina Marriage and Family Therapy Licensure Board – Licensed Marriage and Family Therapist Associate
- North Carolina Board of Licensed Professional Counselors – Licensed Professional Counselor Associate

Clarification of Outpatient Behavioral Health CPT Codes, E/M Codes, Annual Limits, Referrals, and Prior Authorization

Division of Medical Assistance has received several questions regarding outpatient behavioral health CPT codes, E/M codes, annual limits, referrals, and prior authorization. Please see the full Implementation Update #86 for clarification.



National Correct Coding Initiative Update for Outpatient Behavioral Health Providers

- As communicated in the October, December, January, February, and March Medicaid Bulletins and Implementation Update #85, the National Correct Coding Initiative (NCCI) became operational with date of service March 31, 2011.
- Attending (rendering) providers will not be able to bill certain pairs of codes for an individual recipient on the same date of service.
- Many practitioners will need to revise the schedule and delivery of authorized services to ensure that differing treatments are not provided on the same date of service.
- For additional information, please see the Division of Medical Assistance National Correct Coding Initiative web page at <http://www.ncdhhs.gov/dma/provider/ncci.htm> or contact HP Enterprise Services at 1-800-688-6696 or 919-851-8888, option 3.
- Please see the full Implementation Update #86 for more information.

Medicare and Third Party Liability Bypass for Diagnostic Assessment and Partial Hospitalization

- **Please see the full Implementation Update #86 for information regarding billing requirements.**

ValueOptions: Advantages of Online Authorization Request Submission

- Providers interested in submitting mental health and substance abuse service requests via ValueOptions ProviderConnect are encouraged to participate in regularly scheduled webinar training.
- To register for an upcoming session, visit http://www.valueoptions.com/providers/Network/North_Carolina_Medicaid.htm and scroll to the section titled *Provider Training Opportunities*.
- The website is routinely updated with additional webinar dates.

Attention All Providers: Due Process and Prior Authorization Policies and Procedures

- Division of Medical Assistance has received many questions from providers about the new Due Process and Prior Authorization Policies and Procedures, which go into effect on May 1, 2011.
- Division of Medical Assistance will be issuing a Special Medicaid Bulletin on prior authorization in the next two weeks.
- This bulletin will contain critical information for providers of Mental Health, Developmental Disabilities, and Substance Abuse Services.
- Medicaid administrative participation agreements require providers to be in compliance with all Implementation Updates **and** Medicaid Bulletins.

Unless noted otherwise, please email any questions related to this Implementation Update to ContactDMH@dhhs.nc.gov.

