



North Carolina Department of Health and Human Services

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MEMORANDUM

TO: Joint Legislative Oversight Committee Members on HHS
Local CFAC Chairs
NC Council of Community Programs
County Managers
State Facility Directors
LME/MCO Board Chairs
Advocacy Organizations
MH/DD/SAS Stakeholder Organizations
Commission for MH/DD/SAS
State CFAC
NC Assoc. of County Commissioners
County Board Chairs
LME/MCO Directors
DHHS Division Directors
Provider Organizations
NC Assoc. of County DSS Directors

FROM: Tara Larson
Jim Jarrard

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SUBJECT: Implementation Update #100
CABHA Certification Update
Primary Care & Behavioral Health Referral Forms
Referrals for Outpatient Behavioral Health Services
Housing Specialist Role in DOJ Settlement
Incident Reporting Reminders

CABHA Certification Update

In the 2011 legislative session the NC General Assembly passed Session Law 2012-171: An Act Related to Critical Access Behavioral Health Agencies (CABHA), and also referred to as Senate Bill S525, effective July 01, 2012. This new law significantly changed the initial and post certification requirements to be designated as, and to maintain the status as, a certified CABHA. Please refer to the attached (Attachment A) new law for the specific requirements. At this time the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) will continue to handle all provider requests for CABHA certification.

The following documents must be submitted by a provider that desires CABHA certification:

- 1. CABHA four page attestation letter (Attachment B)
2. A copy of the Medical Director's NC physician's license.
3. A copy of the Clinical Director's professional license (license must be one of the state licenses listed in S525).
4. The resume for the Quality Management/Training Director which shows "...any training or experience in quality management or training."

These documents should be submitted to the following address:

NC Department of Health & Human Services
Division of MH/DD/SA Services
LME Performance Team, Attn: Mabel McGlothlen
325 N. Salisbury St., Suite 660
Mail Service Center 3015
Raleigh, NC 2769-3015

For any questions regarding this law or the CABHA certification process please call Vince Newton at 919 624-9557.

Updates to Recommended Referral Forms for Use between Primary Care and Behavioral Health Providers

Community Care of North Carolina (CCNC), in partnership with other stakeholders, developed a set of three referral forms for primary care and behavioral health providers to facilitate easier consultation and communication. Initially released in June 2012, the forms have been updated based on feedback received, to include the following changes:

1. Field for primary care practice name on Form #1.
2. Field for confirmation that beneficiary belongs to the named primary care practice on Form #1.
3. Field for Carolina Access Referring NPI number, if applicable on Form #2.
4. On all three forms, "Pain Contract" has been replaced with "Pain Agreement."
5. There are now two versions of each form: a fillable PDF, and a Word document. The Word document allows addition to the standard CCNC logo.

To access the referral forms, please visit <https://www.communitycarenc.org/population-management/behavioral-health-page/referral-forms/>. Referral form #2 (*Referral to Behavioral Health Services*) may count as the required referral for Medicaid beneficiaries under the age of 21 and North Carolina Health Choice beneficiaries as described in DMA Clinical Coverage Policy (CCP) 8C as long as the information required by CCP 8C is filled out.

Referrals for Outpatient Behavioral Health Services

Medicaid Clinical Coverage Policy 8C specifies that for Medicaid beneficiaries under the age of 21 as well as for North Carolina Health Choice beneficiaries, a referral by Community Care of North Carolina/Carolina Access (CCNC/CA) primary care provider, the Local Management Entity-Managed Care Organization, or a Medicaid-enrolled psychiatrist is required and must be documented in the medical record. "Blanket" referrals that are not specific to the beneficiary will not be considered acceptable documentation of a referral. Referrals must be individualized for each beneficiary. "Blanket" referrals have never been allowed as the purpose of the referral is to promote coordination of care between behavioral health and medical providers.

Housing Specialist Role in DOJ Settlement Agreement

In August of 2012, the state of North Carolina entered into an agreement with the US Department of Justice (USDOJ) to support the transition of 3000 individuals with serious mental illness from adult care homes and state psychiatric facilities into integrated community settings over the next eight years. Transition assistance will be directed by the individual's local management entity-managed care organization (LME-MCO) care coordination team. The LME's Housing Specialist will play a crucial role in the individual's transition plan.

The Housing Specialist will need to work in collaboration with the Department of Health and Human Services (DHHS) housing staff and the contracted housing administrator to develop housing opportunities for the individuals relocating back to the community. This begins with recruiting landlords in the private market. They must be property owners that are open to participation with the newly developed state Tenant Based Rental Assistance (TBRA) program.

Housing Specialists will work closely with the In-reach and Transition Teams. They will ensure that pre-screenings are conducted for individuals on the "Interest List." This includes running credit and criminal background checks to assess possible barriers to obtaining housing. Housing Specialists will utilize their expertise to minimize any barriers discovered.

The Housing Specialist will be responsible for facilitating the coordination of all move-in activities. This includes but is not limited to: inspections, applications, utilities, and ensuring consumers have access to Transition Stability Resources (TYSR).

For the housing transition to be successful, it is imperative that appropriate and comprehensive services are in place to support the individual in the community. The Housing Specialist will facilitate connections with a service provider in collaboration with the LME-MCO Transition Coordinator, LME-MCO Care Coordinators, Tenancy Support Services, and Peer Support Specialists to ensure that the individual has access to an array of services and supports.

Housing Specialists will also assist with the timely inspection of consumer units. This will be done to meet compliance with Housing Compliance Standards and will be part of the series of reports required from the LME-MCO on the status of the individuals placed in TBRA units.

Lastly, Housing Specialists will help resolve tenancy issues where the individuals are not actively receiving Assertive Community Treatment (ACT), Community Support Treatment (CST), or Tenancy Support Services. It is the goal of the TBRA to provide permanent community based housing. Every effort should be made on part of the LME-MCO and the Housing Specialist to assist the consumers in maintaining that housing.

DHHS will be providing additional information and technical assistance regarding the role of housing specialists as part of the effort to implement the USDOJ settlement. For more information contact Jessica Keith (Jessica.keith@dhhs.nc.gov).

Incident Reporting Reminders

In an effort to assure that incidents are entered, reviewed and referred to agencies in a uniform manner, DMH/DD/SAS will be providing periodic reminders regarding incident reporting. Providers should enter all Level II and III incidents into the Incident Response Improvement System (IRIS) and refer to all applicable agencies. The LME-MCO will review providers' actions and strategies for safety. They will also monitor and provide technical assistance, as warranted, to ensure that problems are corrected. The NC Division of MH/DD/SAS will analyze and respond to statewide patterns of incidents as part of oversight and improvement of the incident response system.

Specific clarifications that will be inserted in the Incident and Death Response System Manual:

Sexual Relations between Staff and Individuals Receiving Services

- 1) Providers must report any allegation of any staff (including Peer Support Specialists) having sexual relations with any individual receiving services (including competent adults) in IRIS as a Level III incident and report to:
 - NC Division of Health Services Regulation's Health Care Personnel Registry
 - NC Division of Health Services Regulation's Complaint Intake Unit (if related to a licensed service)
 - Local Department of Social Services (if the individual has been adjudicated to be incompetent)
 - Individual's guardian (if applicable)
- 2) The provider must also give the individual information on their right to report the incident to law enforcement.

Deaths in Residential Facilities

- 1) Providers must report any death, including deaths from unknown causes, in a residential service setting in IRIS as a Level III incident and report to:
 - NC Division of Health Services Regulation's Health Care Personnel Registry (if there are concerns related to provision of supervision or services during the incident)
 - NC Division of Health Services Regulation's Complaint Intake Unit (if related to a licensed service and there are concerns related to provision of supervision or services during the incident)
 - Local Department of Social Services (if the individual has been adjudicated to be incompetent)
 - Individual's guardian (if applicable)
- 2) All agencies notified should be listed under "Supervisor Actions" or "Agencies Notified."
- 3) If any restrictive intervention is involved, the LME-MCO and NC Division of MH/DD/SAS must be notified immediately.

As a reminder, all Medicaid-enrolled providers billing for services are expected to adhere to all Medicaid and Health Choice policies and guidelines and are expected to stay informed about any changes. Medicaid Bulletins are published monthly and may include articles not found in the Implementation Updates. Medicaid Bulletins can be found at: <http://www.ncdhhs.gov/dma/bulletin/index.htm>.

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

cc:	Secretary Aldona Wos, M.D.	Matt McKillip	Pam Kilpatrick
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