



Western Highlands Network News

February 15, 2008

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Authorization Data

- Concurrent review: 2/13/08
- Initial Authorization: 2/12/08
- Medicaid Registration: 2/14/08
- IPRS Registration: 2/13/08

Upcoming Trainings

- 2/19 Skill Development
1-4pm at WHN room 315
- 2/21 Claims & Reimbursement 1-3pm at WHN room 315
- 2/26 Crisis Response Training 10-1pm in Burnsville First Baptist Church.
- 2/26 Utilization Management 1-4pm at WHN room 315

News Flash!

The Monitoring Corner

Update from the Monitoring Corner

Below is an update regarding Person Centered Plans Updates/Revisions as communicated by DMH and DMA in Implementation Update #39 on February 6, 2008. Please review this information with your agency's staff.

Person Centered Plans Updates/Revisions

There have been many questions about the Person Centered Plan (PCP) and the requirement of an update/revision page to be submitted for all concurrent requests. The following information is provided to clarify this requirement:

- DMA and the Division of MH/DD/SA require an update/revision page be completed and signed by the Qualified Professional and consumer or legally responsible person with each submission to Value Options for all concurrent requests.
 - If the review results in a NEW SERVICE being added to the PCP, the appropriate medical professional must also sign indicating medical necessity and order of the service.
 - If the review results in a NEW or REVISED GOAL, complete the Action Plan Section of the Update/Revision Form with the new goal information.
 - If the review results in no changes to the PCP, document the review on the original Action Plan pages while obtaining new signatures on the Update/Revision Form. It is best practice to note somewhere on the Update/Revision Form that documentation of the review can be found on the original Action Plan pages with dates coinciding with the signatures on the Update/Revision Form.
- The Qualified Professional (QP) from the clinical home is responsible for the development of and updates for the PCP.
- If a child is in residential service or any service other than a clinical home, the QP of the clinical home **must** complete the update/revision page with signatures for the provider to submit a concurrent request to VO. This request for residential services should still be sent to the residential fax number at 919-461-0679.
- Residential providers and other non-clinical home providers can **not** complete these.
- The absence of the update/revision page will cause VO to return the request noting the information is missing.
- The absence of the update/revision page will cause VO to return the request noting the information is missing. The QP has 15 calendar days to submit the documentation requested to VO. If 15 calendar days pass from the date the request was returned and the documents have not been submitted the request will be denied.
- After the 15 calendar days from the request for additional information, when a new request is submitted it is treated as an initial request due to the gap in authorizations, even for the same service. This means if there is a denial or reduction, appeal rights will be available to the consumer, however, MOS does not apply.

Stay Informed!

NC Division of Mental Health

www.ncdhhs.gov/mhddsas

NC Division of Medical Assistance

www.dhhs.state.nc.us/dma/home.htm

Value Options

www.valueoptions.com

[Link to a Web page](#)

Descriptive text that motivates the reader to click the link

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The Crisis Continuum/Care Coordination Corner (CC)

Crisis Continuum/Care Coordination (CC)

Care Coordination is a function that includes Facility Based Care Coordination and Services Coordination. This is separated by the care coordination needed by those individuals who are discharged from a state facility, (i.e., facility-based) and coordination around clinical/functional outcomes and amount of services utilized.

The newest unit at WHN is CC – Crisis Continuum/Care Coordination. More will be forthcoming on the Crisis Continuum part in another newsletter. These two functions now exit in one place, only Services Coordination will remain in the Utilization Management Unit (UM). All other care coordination will occur by the new unit staff. These staff includes the following professionals:

Elizabeth Owen, MSW, LCSW – Manager, Crisis Continuum/Care Coordination

Mark Jayne, MSW, LCSW – Adult & Geriatric MH Specialist

Brad Owen, MA, Licensed Psychologist – Child/Adolescent Specialist

Lynne Norwood, BS, LCSW – Adolescent/Adult Substance Abuse Specialist

Veronica Sulkowski – BA – Care Coordinator/Guardianship Specialist

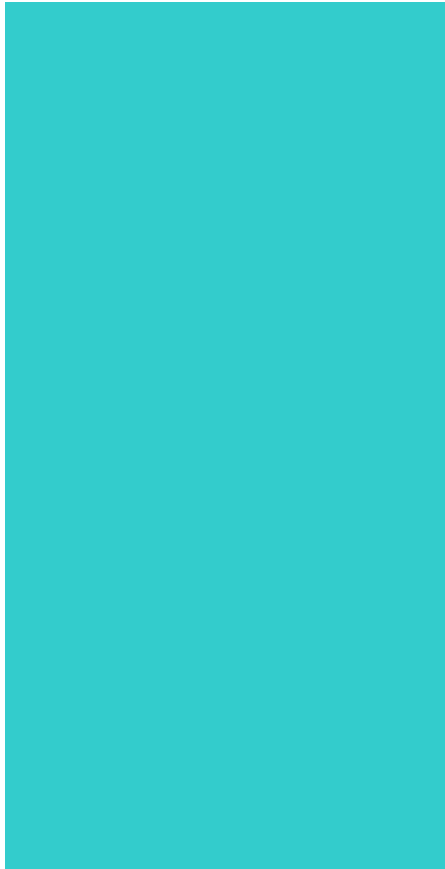
Madelyn Lantz – MA, LPC – Community Care Coordination Specialist

April Boyle – MSW, LCSW – Broughton State Hospital Adult Admissions/Acute Unit

In helping to coordinate care in general, WHN has established WH Services Codes. These are listed below. *PLEASE CHECK* and ensure that your provider has a contract in place before using any of these billing codes. These codes must be authorized by the appropriate WHN staff before being used.

LME CODE	SERVICE DESCRIPTION	Billing CODE
WH101	Emergency Follow-up Code <ul style="list-style-type: none">This service includes activities that occur outside of the provider's office to locate and persuade an unassigned consumer to engage in treatment.	WH101
WH102	MD Testimony Code <ul style="list-style-type: none">This service is for travel to court and	WH102

WH102	MD Testimony Code <ul style="list-style-type: none"> This service is for travel to court and court testimony by the psychiatrist regarding Multidisciplinary Evaluation. 	WH102
WH103	Multidisciplinary Evaluations <ul style="list-style-type: none"> This service includes Social Work evaluation, case management coordination activities, and court testimony for a Multidisciplinary Evaluation for a consumer who is open to another provider. 	WH103
WH104	Forensic Evaluation <ul style="list-style-type: none"> This service includes a comprehensive evaluation, performed by a State certified Forensic Evaluator, to determine an individual's capacity to proceed with a criminal trial. This service also includes travel to court and court testimony by the Forensic Evaluator regarding the Forensic Evaluation. 	WH104
WH105	Jail Assessment <ul style="list-style-type: none"> This service includes mental health assessments on unassigned consumers conducted at county detention centers and includes coordinating psychiatric evaluations, obtaining medications, and linking the consumer to ongoing treatment. 	WH105
WH106	Jail Coordination <ul style="list-style-type: none"> This service provides case coordination activities to assigned consumers that are in county detention centers. Services provided should include; assessing needs, coordination of medications, and arranging for services post release from the detention center. 	WH106
WH333	Outpatient Commitment Follow-up <ul style="list-style-type: none"> This service includes activities that occur outside of the provider's office to locate and persuade an unassigned consumer on Outpatient Commitment to engage in treatment. Activities include consultation and intervention with family members, supports, community agencies, and arranging or providing 	WH333



	transportation.	
WH334	Hospital Discharge Planning/Transition <ul style="list-style-type: none">• This service includes attendance at Hospital discharge planning meetings for assigned and unassigned consumers. Services are inclusive of attendance at all CSU treatment/discharge meetings. Activities include completion of paperwork required to make consumer Active in the Western Highlands Network system, linking with resources identified in discharge plan, and providing all necessary support and services until consumer becomes Active to ongoing outpatient provider.	WH334