



**Provider Meeting  
MINUTES  
March 13, 2009  
9:00am-12:00pm**

**Attendees:**

Jill Stephenson	PBH	Arlana Sims	SCCS Inc.
Tracy Threatt	PBH	Megan Johnson	CSSI
John Giampaolo	PBH	Wendy Campbell	BCH
David Jones	PBH	Jane MacLeod	ESUCP
Judy Uthe	PBH	Robert Savino	ESUCP
Eliza Davis	PBH	Betty Overdiep	ESUCP
Chuck Hill	PBH	Robert Tyson	ESUCP
Cynthia Benjamin	PBH	Reid Thornburg	PBH
Heileigh Thompson	PBH	Fonda Simmons	YACM
Lamont Ford	PBH	Ola Cook-Mbah	CNC Access
Sheri Carter	MHA/NC	Tim Miller	Home Care Mgmt
Steve Tomlinson	PBH	Sherri Isenhour	Path of Hope
Renee Bellemore	The Arc of Davidson	James Kelley	Monarch
Shelley Bowman	RHA Health Services	Mackie Johnson	RHA
Dawn Allen	GHA	Ted Thomas	PBH
Jan Daniels Breeding	GHA	Marzeth Osborn	YACM
Diana Duncan	DHI	Karen Holst	UCPS
Jane Phillips	Easter Seals UCP NC	Jeannie Armstrong	Turning Point Services
Dean Ewart	Easter Seals UCP NC	Tom Hibbert	Timber Ridge
Willie Walker	Easter Seals UCP NC	Bonnie Schell	PBH
Joye Fullwood	Omni Visions	Anna Yon	PDS
Lynne Beck	Daymark Discovery Homes	Carol Gouge	PBH
Kelli Bowen	ASMC	Chris Jacobsen	PBH
Melissa Rivera	RHA Howells	Julie Hunter	YACM
Minnie Funchess	C. F. Marketing	Donna Travis	PBH
Charles Funchess	C.F. Marketing	Tyran Lennon	Horizon Care Inc.
Carlo Black	YACM	Sylvia Emafo	ACA/Serenity House
Nadine McNair-Smith	Horizon Care Inc.	Susanna Dean	ADEPT
Leslie Mussington	Excel	Lisa Byrd	UCRS, Inc.
Avis Edmond	Genesis Family Home	Jane Jackman	The Arc of Rowan
John Edmond	Genesis Family Home	Tom Barrett	Lifespan
Debora Rice	FSDC	John Williams	RVO
Carolyn Spence	Alexander Youth Network	James W. Johnson	STEPS Developmental Academy
Allan Azali	Independent Opportunities Inc.	Yvette Johnson	Quality Family Services
Sharon DeGraffenreid	F&S Professional Services		

**9:15 a.m. Welcome and Call to order – Arlana Dodson-Sims**

Arlana welcomed everyone. She noted that Flay, Network Council President, was attending a Substance Abuse Board meeting.

**Meditation Reading – Arlana Dodson-Sims**

Dwell not on the past. Use it to illustrate a point, then leave it behind. Nothing really matters except what you do now in this instant of time. From this moment onwards you can be an entirely different person, filled with love and understanding, ready with an outstretched hand, uplifted and positive in every thought and deed. ...by Eileen Caddy.

### **Introduction of Council Members – Arlana Dodson Sims**

Arlana Dodson Sims, Vice President  
James Johnson, DD representative  
Leslie Mussington, MH Child representative  
Dawn Allen, DD representative

Cynthia Benjamin, PBH Network Operations  
David Jones, PBH UM  
Bonnie Schell, PBH Office of Consumer Affairs  
Chuck Hill, Network Operations

Please get any provider meeting items/concerns to them for Network Council.

### **Introduction of Network Operations Director - Arlana Dodson Sims**

Steve Tomlinson has been promoted to Network Operations Director, which is a dual role between Community Relations and Network Operations. Steve noted he is happy to be at the Provider Meeting and the new Director of Network Operations. He expressed excitement over taking on the new challenge and opportunity at PBH. Steve has been with PBH for 15 years with the majority of the time in Emergency Services in Cabarrus County as a SA Counselor and Emergency Services Coordinator. As the Community Relations Director for the past 5 years, Steve has collaborated with provider network awareness regarding services to the community. The public relations have been on behalf of the network, how well it functions, and its extensive array of services. Steve has worked with the Cultural Competency initiatives, Housing Collaborative and the Continuum of Care. There are a lot of areas involving providers and he will work closer with providers as he moves into the Director of Network Operations. There is a different road ahead with budget cuts, reduction in rates and services, establishment of waiting lists. Steve wishes he could say that won't continue but the environment we are in and the conditions, it looks bleak but in midst of great challenges, there is great opportunity. We will be able to say in spite of cuts, the Network will be able to meet the needs of clients. Steve stated that as providers find him becoming the Director effective May 1, 2009, providers will find him with an attentive ear, open heart and open door. He is interested in sharing ideas/thoughts toward making the Network stronger than it already is. Steve ended with, "Let's do some heaving lifting together."

### **Network Council Updates - Arlana Dodson Sims**

- PASAPA and PBH collaborated on its 3<sup>rd</sup> training in the Substance Abuse Training Series - March 12, SA Substance Abuse Evidence Based Practices by John Bigger.
- All Council positions are filled.
- Website is being updated regarding Network Council.
- The Council continues to request topics or ideas for Provider Meetings. Providers may contact their representative or Flay at flayjlee@hopehaveninc.org.
- The Council encourages providers to have their groups meet between provider meetings.
- Network Council meets the first Thursday of each month. April 2, 2009 is the next Council meeting.

### **Network Council Plan 2009 - Arlana Dodson Sims**

Dr. Sims reviewed the 5 goals established in the Network Council Work Plan.

Goal 1: Identify gaps in services

Goal 2: Elevate all Services

Goal 3: Increase and maintain provider meeting attendance

Goal 4: Educate providers about Cultural Competency

Goal 5: Determine how we can develop and enhance services for the Latino/Hispanic Community with DD/MH/SA services.

### **Network Department Updates**

#### **1. Network Operations – Chuck Hill and Cynthia Benjamin**

Chuck Hill advised the Provider Satisfaction Survey for 2009 will be made available in April. It will be a web based survey coming from UNCC Urban Institute as last year. The survey was tweaked a bit to understand who is answering the questions and type of organizations. There will be an Email end of this month to make you aware that an email with the survey will be coming from Urban Institute. Urban Institute will process Email reminders to get the survey completed. At end of May, urban institute will analyze data and produce a report with a comparison between last year and this year. We had 65% participation last year - it is your obligation as a provider in the Network to participate in the survey. It is one formal way to give feedback on

how you feel PBH is doing with its Waiver and regarding PBH departments. PBH needs provider response to improve its business and provider interaction. Please do not ignore the email.

Cynthia Benjamin advised the second Cultural Competency training was conducted. Contract Amendments will be sent out regarding Cultural Competency. There was a communication to early to child MR residential providers regarding training on April 1. Three-bed group homes have been identified and we will be contacting those providers. As an FYI, Chuck and Cynthia are revising the Additional Services Application. Network is looking at the Endorsement process. Once streamlined, we will let providers know about the new process. Trauma therapy for children – we are recruiting for this service in this area.

## 2. Utilization Management – David Jones

David referred to the Communication Bulletins in the Provider Meeting Packet regarding Community Support maximum limit changes and State Funded Community Support referral freeze. David opened up the floor for questions:

- *Provider Question:* For coordination of residential services, we have Community Support (CS) facilities admission, inquiry process. If this person does not have Medicaid, they won't have a CS worker to go with them. This might be placement for us but we do both duties. What does that mean to us? Consumers that have state funds won't have the funds to do a Person Centered Plan for residential placement. Who does that now and how does it get done?  
*Answer:* The Clinical home – who is it for the consumer? Only the receiving residential – that provider would be the clinical home and responsible for the PCP, etc. Getting the applications done could be DSS – we have spoken to them that they need to do that process. Natural supports – family members/guardians. PBH Outreach Department can help in emergency cases to link persons up to services – get initial things started. We need to work together and pull resources together. PBH continues to provide the services for indigent and state funded clients. When kids get into residential, it opens up the possibility of Medicaid. This will allow them to get CS for monitoring and continued plan.
- *Provider Question:* In the June 2 bulletin, page 2 – retroactive eligibility, will PBH have the similar process?  
*Answer:* It is a Medicaid process that happens thru DSS.
- *Provider Question:* We need PBH to retro auth also.  
*Answer:* If we paid the provider with state dollars, then we have to make up a system change. Provider will still get auth and paid, Finance has a process when covered under Medicaid. Not sure how they switch the fund payment but the Provider has already been paid.
- *Provider Question:* What happens if the provider did not get an auth?  
*Answer:* That is a problem. PBH would not do anything without the auth.
- *Provider Question:* What is the feedback PBH is getting since the freeze; is the Community suffering?  
*Answer:* Two calls from same person on how to transition hours. We have not heard much concern. It was discussed at Network Council. Consumer Affairs has heard concerns about losing transportation to get meds, get to appointments, and the grocery store – main issue. PBH will need to address.

David told the providers if they have further questions, call 800 939- 5111. We will get answers.

## 3. Quality Management: No report

### **Agency Spotlight:**

- **Easter Seals UCP - Jane Phillips and Robert Savino**

Easter Seals UCP is a statewide organization helping 17,000 people annual. From a global perspective, we interact with programs and supports. We support folks with MH and DD issues; about 50% is DD. Easter Seals UCP starts with their Core Values: Integrity, Respect, Responsibility, and Innovation. There was a merger 4 years ago with Easter Seals NC for service priorities for NC individuals. The attached presentation was shared with the Provider Network.

- **Discovery Homes – Lynn Beck (Daymark)**

Lynn Beck, Clinical Psychiatric Director, presented information about Discovery Homes for adolescent substance abuse and co-occurring disorders treatment in Thomasville, NC. There are three programs – licensed January 1: residential program for adolescent males, ages 12-17; day treatment services for

females and males; ages 12-17; SAIO program for females and males, ages 12-17. Funding is Medicaid – Discovery Homes has had families able to get Medicaid for residential services. Referral process – application; do not have to have Community Support. Discovery Homes is with Daymark but it can do the clinical evaluations and PCP - we have been very accommodating. We had 2 jail assessments in Union and Cabarrus – we did it all there. There have been several referrals but Judges don't let them out of the jail. We do the auth on our end. In the residential program, we are proud of clinical services 7 days a week. We have families coming in 2 times a week – they drive over an hour and still make it. Day visits or home visits – they have to participate in the therapy programs. Integrated program – MH and SA. Evidence based practices are followed. Telemedicine opportunity is available for use if needed. If they have psych elsewhere, we can transport. They don't have to have multi system – some are in the adult system as well. They may have DSS involvement. We do get some with acute need. The school component: we are residential and day treatment, curriculum in accordance with their home school – challenging. We are planning an average length of stay of 4 months but it is determined on need. We have had a client with their first negative screen in two years. Baby steps are good. Brochures were provided.

- **Horizon Care – Nadine McNair Smith and Tyran Lennon**

Brochures/business cards were provided. Horizon Care is a small agency that provides therapeutic foster care; foster care; and endorsed for B3 services through PBH in 2008. We have been in business for awhile – we care a lot about children. We work on recruiting families that make a positive impact on our children. There is some compensation but we need the treatment. Children are our future. We match the families – we work hard. We train our families so much that they get tired of seeing us. Families are system of care trained. We realize the service is in their homes and through our experience with group homes, we know a provider can get relaxed. We don't want our families to get to that point. Remember it is a teachable moment and opportunity. We have beds in different counties and some available. Families provide good treatment. In Union county, there are 3 families available; Cabarrus County, there are 2 families available; also families in Mecklenburg County. We are in the process of training families in Stanly County and Catawba County. Referral process – Tyran and Nadine are the contacts – we enjoy children; been in business since 1984.

- **Genesis Family Home - John Edmund, Executive Director**

Genesis Family Home, Residential III treatment facility, started in the late 1990s after John met up with Leslie and Nadine. John's background was an educator prior to Genesis; he has seen every avenue children go through. Hands on involvement - done it, been there. He enjoys working with children – he was the vocational teacher. Knowing the issues and problem children, he felt the need for an extra push and attention. We want to reach them before they get into the Court system, a training school, and quit school – so Genesis came about. Clinical specialist meets individually, with a group, or family therapy. We have two homes in the Cabarrus and Kannapolis area. We are working in house on future substance abuse needs to better accommodate what our consumers are looking for. He and his wife are good at what they do. Handouts were provided.

**Break for Networking with other Providers – 10:08 a.m. to 10:35 a.m.**

## **Network Department Updates**

### **Finance - Niels Eskelsen**

#### **1. "Incident To" Implementation**

Niels stated a Finance Communication Bulletin would be sent out regarding provisionally licensed professionals and 'incident to' billing guidelines. PBH will be following the March 2009 Medicaid Bulletin. Niels reviewed the rules and requirements for provisionally licensed professionals, supervision, billing guidelines, procedure codes, and prior approvals as noted in Finance Bulletin FY-0809-FN-64.

Provisionally licensed practitioners can bill under the new guidelines. An MFT associate must work with a physician to bill for their services. In order for these professionals to use the 'Incident To', they must have a contractual relationship with the physician – important for you to note that provisionally licensed practitioners need to be credentialed by PBH. The Physician you contract with also has to be credentialed by PBH. There has been confusion surrounding the Medicare rules; Medicaid has variations. The Practitioner must be at same site as the physician; physician has to be on call and able to return back at the clinic/facility.

Provisionally licensed practitioners can only practice within the scope of their licensure and only bill for services deemed to be medically necessary. Physician (documentation points) must have a face to face with client before the first visit with the provisionally licensed practitioner. A face to face does not mean an intake. The Physician must be readily available and assume responsibility for the provisionally licensed practitioner; physician may add extra demands on service requirements. PBH needs to verify licensure status of the provisionally licensed status but the organization is required to verify as well. Supervision must be done in accordance with that provisionally licensed individual.

- *Provider Question:* Medical Director for Gaston Memorial asked about telemedicine for the face to face.  
*Answer:* There is not a definite answer yet. You can do a psych evaluation over a television so Dr. Hummel feels the State will relent. Dr. Hummel will continue to query them.
- *Provider Question:* We would use it when the consumer is in the office and do a face to face with clinician and client over teleprompter.  
*Answer:* Dr. Hummel will email Mike Lancaster.
- *Provider Question:* What is the timeline and implementation for this? It has been in discussion for a couple years?  
*Answer:* July 1, 2009 is deadline.

## 2. RAs

We download into your mailboxes with your RAs. We have automated that process and found some transition problems with it. There may be duplicate RAs.

## 3. Change in practice, billing

When PBH looks at a consumer, we look at their most recent eligibility. We have found that the State gives us the eligibility but often we don't have the most current information. At the start of our waiver, DMA stated there would be a timing difference but stated PBH could bill fee for service for any claims that should have been covered but were not. Now they have come back stating that with PBH as a care manager, PBH cannot bill fee for service anymore. They expect all Medicaid to come under our capitation but we have this timing difference. Normally, we would be paying providers for services that we have not gotten paid for by the State yet. They are now changing the program at the State level which becomes a problem with retro active Medicaid.

One thing that will affect providers the most is the eligibility issue with a claim. PBH will now pend the claim instead of paying it until we know Medicaid eligibility. We will pend the claim for 2 weeks waiting for Medicaid eligibility; if not eligible, we will deny the claim for lack of eligibility. We have not pended any claims up to now. With the State not paying retro Medicaid, we now need to pend claims to see how Medicaid eligibility. We have a timeframe under Prompt Pay rules in State laws so we can only hold the claim up to the 2 week timeframe before we pay or deny.

There were no provider questions.

## **Topics of Interest:**

### **PBH Word Processing/Spreadsheet Classes to Providers – Rita Goodwin**

MS Word and Excel training is being offered to providers. The training is basic skills, formatting, formulas, shortcuts, tips. It is a laid back type of training but attendees may come with specific needs to get it covered during training. The cost is \$30.00 per attendee per class to off set our cost for the training manuals. A training schedule was in the Provider Meeting packet. Class offerings will be increased based on registration. Rita demonstrated how to register on PBH website.

- *Provider Question:* Do you plan on offering advanced courses?  
*Answer:* We will offer Intermediate and Advanced.
- *Provider Question:* What version?  
*Answer:* 2003.
- *Provider Question:* Will there be certificates?  
*Answer:* Yes
- *Provider Question:* Do attendees need to bring a laptop?

Answer: No, we have a computer training lab.

**Provider Questions/Updates/Concerns/Suggestions**

**An Update on Cultural Competence – Diana Duncan**

We are going to work collaboratively with Community Relations to create a resource guide for translating your brochures and applications. We wanted feedback from providers on what they would like to receive in the resource guide. You may give your feedback to Dianna at end of the meeting or email Revella Nesbitt at Community Relations, Cynthia Benjamin or Diana Duncan.

**Provider Question:** Do we have an update on B3 residential supports ever coming through?

Answer: David Jones will check and get something out. Niels Eskelsen stated PBH is waiting on waiver renewal. Reid Thornburg stated it is getting close – still in the hands of the State. David will get an update out to providers.

**Motion to ADJOURN 11:00 a.m.**



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Easter Seals UCP North Carolina

**A Leader in  
Innovative Services  
and  
Creative Supports**

# Who We Are

Our mission is to create opportunities, promote individual choice and change the lives of people with disabilities by maximizing their individual potential for living, learning and working in their communities.

## **Our Core Values:**

- ◆ Integrity
- ◆ Respect
- ◆ Responsibility
- ◆ Innovation

## **Our Service Priorities:**

- ◆ Child & Family
- ◆ Inclusive  
Communities
- ◆ Employment

# Child & Family

Preparing children and supporting families to engage in the world to become and stay connected.



# Inclusive Communities

Building social capital through the provision of supports that enable children and adults to maintain or recover the ability to live their lives connected to their communities



# Employment

- Creating opportunities for meaningful engagement that enable people with disabilities to work or volunteer their talents, and thus have opportunities to give back to our communities.



# Easter Seals UCP Core Services

- Early Childhood Services
- Child Placement Supports Services
- Individual and Community Supports
- Clinical and Community Mental Health Services
- Supported Employment
- Outreach Services

# Early Childhood Services

- ◆ Four and five star-rated **inclusive Children's Centers** for children 6 weeks to kindergarten age
- ◆ **Early intervention** for infants and toddlers to support early development



# Child Placement Support Services

**Foster care and supports** that create permanency and success for children who experience out-of-home placement due to family conflict, abuse, neglect, delinquency and emotional or physical issues.

- ◆ Foster and therapeutic foster care
- ◆ Periodic respite for families and supports to help children succeed and reunite with their families.

# Individual and Community Supports

- **Case management** and service coordination
- **Individualized services** (personal assistance, skills training, respite, community living support)
- **Residential living** supports and opportunities for adults

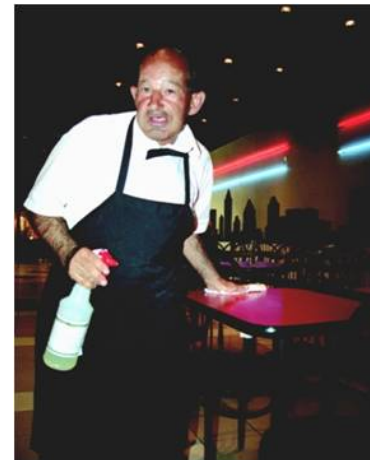


# Clinical and Community Mental Health Services

- **Comprehensive clinical care** for needs assessment, crisis assistance, outpatient therapy, behavioral health counseling and medication management
- **Community-based services** for care coordination, skill building, mentoring and community support
- **Intensive specialty and crisis services** for children and adults at risk for out-of-home placement or homelessness.

# Supported Employment

- **Job development** to identify career interest and skills
- Matching individuals with **meaningful, competitive jobs** with community employers
- **One-on-one coaching** at job-site to develop skills and help build relationships



# Outreach Services

- **Special assistance** to help individuals obtain medical equipment or fulfill unique needs
- **Information and referral** to connect people with appropriate resources
- **Benefits counseling** to help people make informed choices about employment

# Our Accreditation

The Council on Quality and Leadership (CQL) has awarded Easter Seals UCP a four-year, Value Added accreditation, CQL's highest partnership level.

February 28, 2009