

## Communication as forwarded to LME-CEOs and Contract Managers – April 22, 2019

Communication sent on behalf of Lisa Haire, AD, Quality Management and Operations, DMHDDSAS and Deb Goda, BH Unit Manager, NC Medicaid:

In follow up to the recent receipt of inquires specific to the *DHHS Provider Monitoring Tools and Guidelines* as hosted by DHHS, the following clarification(s) are provided:

- Staff Qualification Worksheets - Transcripts for HS Diplomas – A high school diploma or GED is adequate and meets the intent in staff qualifications specific to the *DHHS Provider Monitoring tools*. The guidance document is being updated and will be posted to the website.
- Care Coordination – specific to LIP Monitoring Tool effective date (12/10/2018) – Access and Availability:
  - Face to face service must be provided, but it does not have to be the treating practitioner. If the treating LIP is booked or unavailable, other resources must be utilized, e.g. mobile crisis management, FBC, BHUC, another OP provider with capacity, or as a last option, a local ED.
  - Triage will most often occur by phone unless the person shows up on site.

The guidance document is being updated and will be posted to the website.

The above clarifications do not diminish or reduce the LME-MCOs responsibility/authority for oversight and monitoring of their Provider Networks.

The Department's efforts continue to focus on streamlining processes that will be more efficient, effective, ensures the best use of all available resources, and will result in positive outcomes for individuals supported across the mental health, developmental disabilities and substance abuse service system.

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