

**SOUTHEASTERN REGIONAL MHDD/SAS
PROVIDER NETWORK
MAY 5, 2004
MINUTES**

Present: **30 Providers**
 13 Program Staff Members

Gary Allen, Contracts Manager, called the meeting to order at 1:30 P.M. Mr. Allen asked that each provider stand and introduce themselves to the group.

Gary said that there was good representation at the FARO Conference in Wilmington by some of the providers. He also said that the conference will be geared more towards the providers and the announcement of the next conference will be posted to the website. He also mentioned that there were copies of a brochure available announcing that the North Carolina Department of Vocational Rehabilitation will be having a series of public meetings for those network members who provide vocational rehabilitation services. Several of these meetings have already been held, but there will be a meeting held in Raleigh on May 19th. Linda James is present from Voc Rehab to talk a little about their services.

Ms. James introduced herself to the group and gave them the location of her office in Lumberton. Ms. James also said that the primary objective of VR is to get persons with disabilities gainfully employed. She also indicated that there are a leading number of services that they provide i.e. vocational evaluation, psychological evaluation, modification, and guidance counseling. She asked that if the providers had any clients with a need for these services to please contact her office.

Gary mentioned that he had received calls from providers regarding contract renewals. Contracts will be renewed automatically at the June 22nd board meeting for the 7/01/04 – 6/30/05 fiscal year. Contracts will be generated and out to the providers for signature hopefully by the end of July. There may be some rate changes and those will be on the new contracts.

Angie Bennett from Consumer Affairs discussed the role of her division. The division was established July 1, 2003 and as of April 1, 2004 the division is fully staffed. Those employees are the director, a client rights coordinator, a psychologist and an office assistant. Office of Consumer Affairs is a place where the concerns of the consumers can be heard and acted upon. There are five different components in the Office of Consumer Affairs. These are Client Rights, Human Rights Committee, CFAC, Advocacy and Medicaid Appeals. If a consumer has a complaint that cannot be worked out locally, they can call the Office of Consumer Affairs at 800-760-1238.

Debbie Clifton discussed the Housing Needs Assessment Action Plan with the providers. Ms. Clifton explained that this is a grant from DHHS to complete a housing needs assessment that will lead to an actual plan of action that will be implemented. This assessment will be conducted through surveying providers. Debbie said that she would be contacting the providers requesting their input. This is not a community general needs assessment but is geared towards people with disabilities or particular to the people we serve. She said that she would also be using the Stakeholders Group to help with the survey. She would like to survey as many consumers as possible. She will be sending out consumer surveys as well. The must be done by June 30, 2004.

Manuel Jacobs went over the Provider Monitoring checklist that he and Dildra Jessup use when conducting an audit. He explained that the division is revamping the checklist and should be available in the next couple of months. There was some discussion about supervision plans and what has to be in them, comprehensive treatment plans, CPR and First Aid, and medication administration. Dildra Jessup explained that providers were assigned to Manuel and her based on a list generated of providers with contracts. Monitoring visits are scheduled based upon random selections or if there were any issues/complaints that needed to be addressed. She also explained that the providers would be notified in advance of the visits.

Mary Hill had a question about Incident Reports and where to send them. She was told that basic incidents reports are to be reviewed internally, however the critical incident reports must be sent to the LME.

There was a question about the monitoring of out of county consumers. Manuel stated that the out of county area program could monitor their consumers, however they should let the host program know that they will be visiting.

Inda Dodson asked what happens if you admit a Medicaid client to your facility and later find that they do not have Medicaid. Manuel stated that he would ask for a copy of the Medicaid card upon admission. The consensus was that if Medicaid issued the card with effective dates then they should back it up. April Parker stated that there is a toll free number on the card to verify eligibility.

There was a question that if a client does not meet Medicaid requirements within the first 60 days of service that the LME would cover the cost of the services provided. Caroline Staton explained that the LME does not have any money to pay for these services. She explained that this would be the provider's responsibility to make sure that the services they provide would be reimbursable by Medicaid.

Tony Scott from EI Electronic Data systems gave a brief presentation on software that is designed for providers. The product features a paperless record along with a paperless billing system.

Andy Andersen of Community Innovations asked the Providers to get in touch with their legislators to address the issues of mental health reform and the impact this will have on all citizens.

Gary thanked FFC for providing refreshments. New Life Services volunteered refreshments for the June 2nd meeting.

The meeting was adjourned at 3:00 p.m. The next meeting is scheduled for June 2, 2004 at 1:30 p.m.

Submitted by,

Sheila Beatty
Program Assistant V
Provider Relations