

November 2009 Town Hall Meeting Question & Answers

Peer Support/Community Guide

1. What is the average hours allowed per week for Peer Support?

15 hours per week during the first 90 -180 days

2. How will Peer Support provide services-in home-in clubhouses-in community?

Peer Support does not provide services in the clubhouse since the two services cannot be provided at the same time. Peer Support Specialists do not provide In-Home support. The goal of the Peer Support service is to support the person in maintaining recovery. The activities that an individual person needs to maintain recovery should be defined in the Person Centered Plan.

3. What will be responsibilities of Peer Support? What are the responsibilities for Peer Support Specialists?

PSS are responsible for interventions such as Self-Help, System Advocacy, Individual Advocacy, Pre-Crisis and Post-Crisis Support, Maintenance of housing, Education and Employment re-entry, Social Activities, sharing the PSS personal story of Recovery. Peer Support Specialists have 40 hours of specialized training and must have achieved Recovery Status.

4. Can Peer Support Replace Community Support?

These services are not the same. Community Support is a clinical service that is designed to provide clinical intervention and skills training that will achieve specific clinical goals such as helping a person recognize that they are upset and how to appropriately manage or express their feelings.. Peer Support is designed to help the individual develop coping skills and advocacy skills that will assist the individual toward Recovery.

5. Will Peer Support and consumer have weekly or monthly evaluations?

The peer support specialist, the individual, the Qualified Professional and other supporting people will have team meetings monthly and check-ins with supervisor weekly.

6. Peer Support-How is it going? When was first counselor hired?

Peer Support is going well. We have received numerous requests for Peer Support training. The first Peer Support Specialist was hired in 2008.

7. What is the job of Community Guide?

Community Guide” is a service available to individuals (children and adults) living with developmental disabilities and receiving services under the Innovations Waiver. Community Guide Services assist individuals in locating and coordinating community resources and activities. These services also support participants, representatives, employers and managing employers who direct their own waiver services by providing direct assistance in their participant direction responsibilities. Community Guide Services are intermittent and fade as community connections develop and skills increase. When a consumer is participating in one of the Self Direction options of the Innovations Waiver, Community Guides assist and support (rather than direct and manage) the participant throughout the service delivery process. There are three providers in the PBH catchment area that provide Community Guide services – The Arc of NC, Easter Seals UCP, and Residential and Support Services (RSS).

8. Will Peer Support be provided in other settings? (For example, in clubhouses?)

Peer Support cannot be provided at the same time of day as Supported Employment or Psycho Social Club House. Some of the Clubhouse staff who are also peer support specialists will in the future be working as Peer Bridgers to assist individuals transitioning from the hospital to the community.

Multisystemic Therapy /Intensive In-Home Therapy

9. When will state funding be available for MST services?

The State budget cuts will be in effect for two years. They have restored 5% of the original budget cuts back to the Division of Mental Health and the LMEs. PBH plans to utilize this amount to fund MST and IIHS services until those funds run out. Services based on the return of the 5% will be available in January 2010.

10. Will small providers be able to provide intensive in-home services?

We anticipate that the State will require that intensive in-home services will be one of the services offered by the Critical Access Behavioral Healthcare Agencies (CABHA). It is unlikely that this service will be provided by small providers who do not meet the CABHA criteria.

11. Is there going to be a cap on the # of IIHS and MST providers?

PBH has already capped the number of IIHS and MST providers in our catchment area. We assess our capacity on an ongoing basis to ensure that we have enough capacity in our network to meet the needs of our consumers. At this time we do not need additional capacity for either of these services.

PBH plans to provide State funded IIHS and MST services to consumers with the 5% recently restored to our budget by the State. These services will be funded until the designated funds run out.

12. What is the plan for families who have tried individual therapy but behavior continues in the home for the child. (Family is unable to access in-home/MST due to private health insurance.)

Having private health insurance does not prevent a person from receiving any state funded or Medicaid funded services. However private insurance must be billed for the service received before any state or Medicaid funds can be used for the person's care.

DD Services/Waiting List

13. The number of persons on the waiting list for DD services is large. It appears "returned" money was placed in Mental Health. Why not DD?

PBH did not reduce any funding for DD services because most services for people with developmental disabilities need long term care. Although respite is not a long term care service, funding was not reduced for respite for people with developmental disabilities. The only reductions to DD services are mandated by state law---these are situations where a consumer receives both state and Innovations Waiver funding. We have frozen new admissions to all DD programs but we did not reduce funding to any individuals currently in service. We were already at the maximum expenditures for DD funded services. Since we did not reduce any funding, we did not replace funding from the Governor's 5%.

The state required that the Governor's 5% that was returned to LMEs be used to replace funding that was previously cut from services; it could not be used for new programs.

14. Can you talk more about the Developmentally Disabled longer wait list and returned money?

See above regarding returned funding. The Developmental Disabilities waiting list is so long because both state and Innovations waiver funding are capped. We have not received any significant state funding for community services for any population (except for Crisis Funding) in nearly 20 years. Because PBH is in an area of rapid population growth we have a significantly larger population than we did in 1992, but the amount of state funding has not

increased. This is true across North Carolina. Medicaid funding for the Innovations Waiver program is also limited (as it is across North Carolina) and we have way more demand than we have resources.

15. Is it Innovations vs State?

The General Assembly passed legislation last summer which prohibits the use of state funding in addition to Innovations (Medicaid Waiver) funding for people with developmental disabilities (except for Thomas S. consumers if medical necessity is met and the funds are necessary to maintain community placement).

16. Is it going to be harder for DD to find group homes for 3 or less?

Yes, this has been difficult. We have requested a change to the Innovations Waiver that will allow us to use Innovations Funding in homes that are six beds or smaller. We hope this will be approved and ready to implement within the next six months.

17. How does anyone know that they are on the list of unmet needs? Do we know the needs of those on the list?

Yes, we do have information on the type of disability and specific services requested for each person. If you are not sure if you are on the Registry of Unmet Needs (Waiting List), you may call our Access Office at 1-800-939-5911.

18. If I have someone on the waiting list, who do I call with questions?

All questions regarding the Registry of Unmet Needs (waiting list) can be directed to the Utilization Management Department, 704-743-2100 or the Access Office at 1-800-939-5911.

19. If DD-Home Supports has been frozen from new admissions, how are new “cases” currently being opened with Home Supports on the budget?

Only State-Funded Home Supports is frozen for new admissions. Individuals in the Innovations Waiver receive Home Supports funded by Medicaid so this freeze on new cases does not impact them.

20. Give examples of state-funded services that someone receiving Innovations services might also receive.

Supervised Living and Personal Assistance would be examples

21. The wait list numbers presented; were those just PBH or were those statewide #'s?

The presentation given at the town hall meetings showed numbers for the PBH Registry of Unmet Needs for MH, SA and DD.

22. Going to lose funding with no more dual funding how will that be handled?

This will be handled at the team meeting for each individual.

23. What are the statistics for the numbers of people who receive dual funding?

We have approximately 90 people.

24. Why would I use a monitor and leave my brother alone when I know he needs 24 hour help?

A person that needs 24 hour care should be served in a residential program of three or more consumers, UNLESS there are documented reasons that the person presents a danger to other consumers. 24 hour care cannot be provided cost effectively on a one-on-one basis. PBH intends to work with guardians and consumer teams to transition consumers that live in individual settings to group settings if 24 hour care is required. We want to develop person specific plans that ensure the successful transition of each consumer to a group setting.

25. What is to stop a person from working 40 hours per week with more than one agency?

A person that routinely works more than 40 hours in direct care presents a risk to their employer due to fatigue that builds up during a long work week.. PBH is not able to monitor this on an ongoing basis. It is our expectation that Providers watch for this, and that they specifically monitor outside employment with their staff that have "second jobs".

Group Homes

26. Group Homes closed and kids sent home. I thought they were to be taken care of by Community Supports, but this is being cut too. Who's taking care of the kids who've been either sent back into a dangerous setting or they themselves are dangerous to the home.

PBH will continue to evaluate the medical necessity of the appropriate level of care for children including the need for placement in residential care. The State is currently developing such services as Therapeutic Foster Care services to offer to children needing out of home placement. The emphasis however, will be to offer treatment services to children in their homes and with their families. We are not yet aware of alternative treatment services that the state plans to offer in lieu of Community Support.

27. As a professional, how do we keep continuity for clients as the group homes and Community Support Services/Case Management transition? Suggestions?

It is important from the beginning of group home placement that the child and family team meets to plan ongoing care of the child and that the team continues to meet to ensure that when the stay in the group home is over, there is continuity of services. Residential placement for children is not a long term service, and planning for discharge should be ongoing throughout the placement period.

Family therapy is important during the stay so the client can return as well as assisting in natural support resources.

28. Will group homes that close be held for crisis use?

Not to our knowledge.

29. If PBH moves someone into a group home and it blows up what happens?

PBH authorizes stays at (child residential) group homes according to the child's treatment plan and his/her clinical needs; but PBH does not technically move someone into a group home. PBH works with Community Support Providers and Residential Providers to authorize the services requested for the consumer (via the consumer's treatment plan). If a group home placement is not working, the group home provider should contact both the parent/guardian as well as the Community Support Provider and work with the Child and Family Team to secure alternative services for the consumer. Sometimes when a placement is not working, the consumer needs a higher level of care. PBH Care Managers routinely work with Providers to identify alternatives in these situations.

30. What are we doing for consumers who can't live in a group home?

Continuing to review their cases and assist in authorizing services for the consumer.

Children: Children need to be served/supported in their family homes if possible. Group homes for children are considered treatment and are for short term intervention. Foster Care is an option for children for whom a return to the family is not possible; often this planning occurs in conjunction with the Department of Social Services.

Adults with developmental disabilities: Most adults with developmental disabilities can live in group settings---it would be very unusual to find a person that cannot live with other people. Individual needs should be considered, for example sometimes people need smaller settings or more space within a group home. The goal is to design or locate a group home placement that can meet the specific needs of the individual. It would be very unusual to have a consumer whose behavior prevents him/her from living with others (significant threat to others). If the person presents a significant threat to others, the goal is to identify and treat the underlying reason: it could be a psychiatric condition, frustration with lack of communication skills, environmental triggers, or other reasons that are causes for such behavior. Sometimes we bring in specialist to help evaluate the consumer's problems, or consumers receive intensive intervention in a state Developmental Center or other specialized treatment facility such as a psychiatric hospital to identify and treat the underlying conditions that present risks to others in the community.

31. Is the only way my son could receive help is if he lives with other people with needs?

No, there are other services that are available depending on the particular problem that your son may be experiencing. Your son could live at home and receive specialized services. It depends on what problem he may be having, the best way to discuss your concern by contacting a PBH staff member at 1-800-939-5911

32. When budgets are better won't the view be that folks have been fine in group homes?

State funding has never been adequate to meet the needs of people who need services (see the numbers on the Registry of Unmet Needs). More and more people are waiting for services. If funding is restored, we would hope to serve additional consumers.

Children Services/Residential

33. Residential-Final plan is Level 2 & community? 120 days supervision with licensed professionals continues.

At the time of this writing, yes.

34. Is there a way to make the transition for children coming out of hospitals, group homes, etc., ahead of time instead of waiting a few days prior to discharge? (Maybe contacting other agencies to attend CFT meetings prior to the discharge.)

Once a child is admitted to the hospital, the Child and Family Team wants to meet as soon as possible to determine what the child needs upon discharge to avoid the waiting until the end of the hospital stay for discharge planning.

35. How are kids being moved from residential settings?

At the time of this writing, no one has been moved from a residential setting. All children in residential settings are reviewed by PBH Care Managers on a monthly basis to determine medical necessity. Children are only discharged when it is clinically appropriate.

36. What happens with services provided by Youth Adult Care Management?

Youth and Adult Care Management continues to be a provider in the PBH Network.

37. Implementation date/start date for new admits-children's services that are open to limited state dollar utilization?

January 2010

38. Clients in transition from Community Support Services -Are they held in Case Management until Community Support Team? Are most consumers transitioning into Community Support Team?

You are correct in identifying the gap in the service continuum that the elimination of Community Support will present. PBH Care Managers are working with Community Support Agencies on a consumer specific basis to plan for services that best meet the needs of individuals upon discharge from or the ending of Community Support. Community Support Team is a higher level of care, and we do not anticipate large numbers of consumers transitioning to this service. Other available services include Outpatient, Peer Support Services, Independent Support , Intensive In Home, and Multi-Systemic Therapy.

Providers/Comprehensive Community Providers

39. Can anyone be a PBH provider?

PBH operates a closed network of community providers. We do so to ensure that we have enough providers to offer services to our consumers and that we have enough consumers to sustain our providers with referrals. We regularly assess the capacity of the network to meet consumer needs. When we identify a need for services, we ask the providers within our network to offer these services. If we are unable to find a provider within the network to offer the service we open up enrollment to permit interested providers to enter to offer the service. We also enroll out of network providers to provide specialty care that is not available in the PBH network on an as needed basis.

40. Why have nonprofit providers not shown up to provide services?

We do not evaluate providers on the basis of for-profit or not-for-profit. Providers are measured by the quality of the care that they provide.

41. CCPs will they need to have at least one site in every county?

It is PBH's goal to have at least two CCPs in each county in our catchment area. Daymark offers CCP services in each of our 5 counties. At least one of our other CCPs (Monarch or RHA) offers services in each county to ensure that consumers have a choice between two CCPs in each county.

42. Do CCPs (Comprehensive Provider Agencies) have to have just one medical director?

According to the most recent Division of Mental Health Implementation memo, Critical Access Behavioral Healthcare Agencies, which is the State's name for CCPs, will be required to have a full time medical director if they provide services to more than 750 consumers. If less than 750 consumers are served the Critical Access Behavioral Healthcare Agency will need to have a .5 FTE medical director. PBH intends to follow this requirement for our Comprehensive Provider Agencies CCP's)

43. Do all 3 CCP's (Comprehensive Community Providers) have a psychiatrist in each county also therapists and crisis services?

Daymark offers after hours mobile crisis services in each of our 5 counties. Daymark also offers therapy and psychiatric services in each county at their outpatient centers. Our goal is for all of our CCPs to offer psychiatric services as well as outpatient therapy in their CCP facilities; this goal has not yet been fully achieved, but we are actively working on this. All CCP's must provide after hours first responder services for consumers that they are actively serving. However, area wide crisis services are provided by Daymark. It is not cost effective to have more than one provider provide area wide services because this service is largely state funded; also it is easier for our hospitals and law enforcement agencies to have one provider that they work with on a regular basis.

44. Where can a listing of agencies be accessed besides the phone book?

Information about our provider agencies can be obtained online and by calling 1-800-939-5911. PBH also has Provider Search capacity on our website: www.pbhsolutions.org

45. Why is it providers in PBH network have no cap on administrative overhead that they can charge to consumers?

We pay providers an established rate for services that they provide. PBH usually pays the state rate, however, we carefully evaluate these rates against local conditions. If providers are unable to provide services within the rates we offer or have financial problems and want our help, administrative overhead is one factor that we review as part of this evaluation. However, there are no state regulations about the percentage of overhead that a provider can assess.

46. Can consumers get a copy of the contract PBH has with a provider?

A copy of the standard Evergreen Provider contract is available on the PBH website. This is the contract that we use with all providers. If requested, we can provide a copy of contract with a specific provider.

47. Are there any requirements to be a group home owner?

There are very strict guidelines established by the Department of Health and Human Services division of Health Services Regulation. Any provider must be able to obtain a license from the Division of Health Services Regulation before they can offer group home services. The provider would be evaluated based on whether the regulations are met, not on the experience of the owner; the provider must employ clinical experts to meet the treatment needs of the population served. PBH evaluates the experience and tract record of any new provider that is enrolled in our network, regardless of the type of ownership.

We are not adding any new group homes for children to our network because we do not need additional capacity. At the time that funding becomes available; we will need additional group residential services for adults. We would encourage any providers interested in becoming adult group home providers to contact PBH's Network Operations Department for more information.

48. Will Residential Level III contracts with PBH expand the network if Level III placements in the rest of the state close?

We do not anticipate increased demand for Level III group home providers or contracts. We have made a concerted effort to keep children in their homes with their families. This has been an effort that has become a statewide initiative. Therefore, as we see a reduction in need for group home placements we anticipate that there will be less of a need for additional group home providers.

49. Critical Access Mental Health- How will this look in PBH?

PBH plans to implement the Critical Access Behavioral Healthcare Agencies according to the State's implementation plan. We have had significant success with our Comprehensive Community Provider Agencies from which the Critical Access Behavioral Healthcare Agencies model was derived. These type agencies offer a robust array of comprehensive services for adults and children including clinical assessment, psychiatric evaluation and outpatient treatment services. We fully anticipate having the necessary capacity to offer enhanced services to our consumers through our Critical Access Behavioral Healthcare Agencies or CCP's (Comprehensive Community Providers).

Thomas S Funding

50. What happened to the Thomas S funding? Can we use that to assist people?

Action lawsuit is closed, so there is no longer designated Thomas S funding.

51. Who controls Thomas S money?

There is no Thomas S money to control.

B3 Services

52. What is the future of B3 Respite?

This service will continue to be available.

53. Haven't RFP's been sent out already for Crisis Respite?

Yes, we have been working to develop this service, but at this time have not been able to identify the funding for it within the B3 service budget. We hope to be able to do so in the future.

NAMI

54. What can organizations such as NAMI do to help support those whose services are frozen?

NAMI can continue to encourage individuals who need help to seek it by contacting 1-800-939-5911 number or by coming to one our Advanced Access Centers at Daymark Recovery Services to have an assessment. We want to be sure that we know about consumers from all disability groups who have service needs that are not met. The Registry of Unmet Needs (Waiting List) is important documentation that we can provide to our legislators.

55. The question the NAMI Rowan Board had was funding for NAMI Education programs. NAMI NC has not received a contract from PBH and we don't know how to plan our classes.

This funding has come from administrative funding in the past. With the reductions in administrative funds to LMEs we have had to revise our budget. We would like to provide this funding if possible.

Crisis Recovery Centers

56. Has Union County established a Crisis Recovery Center?

The Crisis Recovery Center in Union County is scheduled to be opened on January 15, 2009. There will be a grand opening on January 14th for people to come and see the facility and learn about the crisis services that will be offered there. Key stakeholders like the Union Regional Hospital, Service agencies like DSS and the Sheriff's department are very excited about this new facility being opened.

57. How is the plan for a Crisis Recovery Center in Davidson County affected?

Plans are underway to establish a Crisis Recovery Center in Davidson on the grounds of Thomasville Hospital. PBH's is placing priority in establishing the Union CRC first and then attention will be directed towards establishing crisis services in Davidson.

UM/Access of Services

58. What are the criteria on client appropriateness for state funding?

- *The consumer must reside in the five county catchment area of PBH which are: Stanly, Davidson, Rowan, Cabarrus, and Union.*
- *The consumer would not have Medicaid or Medicare.*
- *Private Insurance must be billed prior to the use of state funding.*
- *A sliding fee scale establishes financial need, but no one can be denied core services due to an inability to pay (emergency, assessment, crisis, outpatient therapy).*
- *Excluding Emergency Services such as mobile crisis, the consumer must meet the State of North Carolina DHHS criteria for an IPRS Target Population. State funding (other than emergency and crisis funding) may only be used for consumers with significant disabilities. These are specific diagnostic categories that are based on a clinical assessment conducted by a PBH provider agency.*

Miscellaneous

59. Regarding the state picking back up the county money for co-pays- does that mean clients don't have to pay co-pays in MH and SA anymore?

The state took over payment of the county match. Prior to this fiscal year, each county had to pay a share of the Medicaid expenditures made on behalf of consumers living in the county. This match was about 5% of the total cost. This was very hard for many counties, especially low wealth counties. This change has come at a good time for counties due to decreasing tax revenue.

This does not impact consumer co-pays. These are the same.

60. What kind of cuts did you make at PBH?

Please see link below

http://www.pbhcare.org/PubDocs/Upload/Documents/PBH_Plan_for_Reduction_Mgmt_09-10_final_revised_final_10-27-09.pdf

61. Why did you give money back to the state?

PBH operates under a contract with the state. We have to follow their decisions and directives. If we don't pay it back directly, the state can take it out of the monthly payments that we receive. No one wanted to see this happen, not the state, not the legislature---North Carolina has decreased tax revenues and severe cuts in funding had to be made in the state budget for the next two years.

62. What is PBH doing to make sure families understand cuts?

PBH plans to continue holding Town Hall meetings to inform consumers, family members and stakeholders about the budget reductions. We held meetings in each county during November 2009.

63. Who do you call for help with information?

The best way to obtain information about available services and the providers who offer them is to call 1-800-939-5911 and speak to one of our Access counselors.

64. Is MH/SA case management going to be outsourced?

The State is currently evaluating developing new service definitions that will include a case management service. When these service definitions are approved by the Center for Medicare and Medicaid Services, the providers within our network will offer these services. We plan to limit case management to our CCP's (Comprehensive Community Providers) and the Critical Access Behavioral Health Agencies. It is our understanding that the state is also limiting the providers that can provide case management to the Critical Access Behavioral Health Agencies.

65. How much training do Support Coordinators get with the cut backs?

Training for Support Coordinators is primarily internal training so there is minimal cost associated with this training.

66. How did we advertise for this meeting?

Advertisements were placed in the local community newspapers in addition to e-mail notifications through local advisory councils, which represent various community organizations.

67. Are benchmark numbers originated through the legislature or PBH?

PBH sets benchmarks. Typically, benchmarks are established by examining baseline data from previous service utilization. PBH examines this baseline data to determine how best to set goals for future treatment authorization.

68. Is there any way transportation can be figured in?

Transportation costs are imbedded in the rates of some service definitions. PBH does not receive any other funding for transportation services.

69. What about housing? There aren't that many vouchers available and if the statistics are right about 1 in 50 people need housing.

PBH has made housing one of its top priorities. It has taken the role of Lead Agency in the local Piedmont Regional Continuum of Care which helps to bring in Federal funding to increase housing options for persons who are homeless and in the development of Low Income Housing Tax Credit apartments. PBH has an internal Housing Committee that studies housing needs and ways that we can expand affordable housing opportunities. For the past five years PBH has participated in HUD's annual funding competition and has been able to increase the number of available Shelter Plus Care vouchers for persons who are homeless and disabled and through our partnership with other organizations such as the Mental Health Association, the Arc of North Carolina, and Community Link we have been able to expand the housing resources available in our catchment area.

70. Can PBH announce the concern on the administrative overhead at a provider meeting?

Yes, we can advise our providers that this is a concern.

71. If a person is getting 56 hours Community Support, how do we get creative to stretch the dollars to meet the needs?

PBH will authorize the amount of community support that is clinically appropriate based upon medical necessity until June 30th 2010 when the service definition ends. The individual needs of the person served need to be addressed in the treatment team meeting. It is possible that all needs cannot be met within the limits of a specific service, and so it is important to explore community resources and unpaid supports that can be available from family or friends.

72. Community Support vs Community Support Team, what is the difference?

Community Support Team pulls together all the staff providing care to an individual and has both a case management and service coordination function. This service is similar to the ACT Team model, except that it is not as intensive a service as ACTT, and it does not include a physician on the team. Community Support will be phased out by June 30, 2010. Community Support Team will still be a service offered by PBH.