



Attention All Providers - LME-MCO Communication Bulletin #J254

For Provider Monitoring the following changes will be effective beginning July 3, 2017. This is just a summary. Please review the attached JCB #J254 for the specific details. For questions related to your provider agency, please contact your Network Liaison.

1. Agencies that are Nationally Accredited will no longer be monitored on a two-year cycle with the DHHS Agency (Routine) Monitoring Tool;
2. For providers accredited two years or more, only the official notification (e.g. letter, memorandum, certificate, etc.) from the accrediting body will need to be provided to the LME-MCO within 30 days of receipt.
3. For providers that receive only a provisional or one-year accreditation, they must submit all findings of the accrediting body to the LME-MCO within 30 days of receipt. Upon review of the findings, the LME-MCO will make a determination if there is a need for targeted monitoring.
4. There will be no change in current practice for the following tools, DHHS New Unlicensed Site Review Tool for Providers, DHHS Review Tools for LIPs, and DHHS Unlicensed AFL Review Tool for Providers. Revisions to these tools will be posted to the DHHS website as of July 3, 2017. The only changes will involve removal of language specific to the DHHS Agency (Routine) Monitoring Tool.
5. Post Payment tools are being revised to ensure required elements are present.
6. Post Payment reviews will continue to occur on the current two-year cycle.
7. These changes do not diminish, reduce or eliminate the LME-MCOs responsibility/authority for oversight and monitoring of their Provider Networks. Examples include: Post Payment Reviews, Targeted Monitoring, Quality of Care Reviews and Investigation Reviews.

[VIEW JOINT COMMUNICATION BULLETIN #J254](#)

Attention Innovation Waiver Provider Agencies - Clarification related to Short Range Goals and Specialized Consultative Services

The following information is for Innovation Waiver provider agencies:

[Newsbreak 066](#) from January 4, 2017 provided information on requirements for Short Range Goals for Innovations Waiver Services. This newsbreak is to provide further clarification related to Short Range Goals and Specialized Consultative Services (SCS and SCS BCBA):

Short Range Goals:

As outlined in [7.2.6 of Clinical Coverage Policy 8P](#), effective 11-1-16, Service Providers, Agencies with Choice, and Employers of Record are required to:

- Develop and implement Short Range Goals;
- Develop and implement Task Analysis / Strategies;
- Ensure Short Range Goals and Task Analysis / Strategies are in place prior to plan implementation, and;
- Ensure Short Range Goals and Task Analysis / Strategies are signed by the Individual / Legally Responsible Person prior to implementation.

Short Range Goals are measurable and help the individual to achieve the Long Range Outcomes developed in collaboration with the individual, LRP and Support Team and documented by the Care Coordinator. Short Range Goals are:

- Statements defining where an individual would like to be in his/her life;
- Based on the wants/needs of the individual; and
- Should make sense to support the individual to live a life of their choosing.

Specialized Consultative Services (SCS and SCS BCBA):

Short Range Goals for SCS and SCS BCBA should reflect the activities/interventions being provided and should be updated as needed. Short Range Goals should reflect the supports an individual will be receiving and as warranted, the setting(s) and identified timeframes in which SCS will be delivered. During the SCS Process, Short Range Goals may be more detailed than other times, dependent upon the need of the individual or the purpose of the service delivery.

Short Range Goals may be developed for the following coverable activities: collecting observation data, completing a face to face assessment, determining what is needed (Behavior Support Plan, PT/OT Assessment for AT or Home Modifications etc.), developing a behavior support plan, developing interventions and training on/monitoring interventions, reviewing data collection by family and/or staff, developing behavior strategies, modifying a plan, and so on.

Examples of Short Range Goal for SCS:

- Johnny will be observed every 2 weeks for 60 days in the home and school setting in order to collect behavioral data in order to determine if a Behavioral Support Plan is needed.
- Johnny will receive a functional behavioral assessment by the PhD within 60 days to determine if a more formal Behavioral Support Plan is needed.

Report Fraud and Abuse



- Have you witnessed potential fraud and abuse?
- Are you aware of or suspect fraud and abuse at a provider agency?
 - Did you notice a suspicious authorization request or claim?
- Was your personal health information released without your permission?

If so, an easy way to report is through

ETHICSPPOINT!

EthicsPoint is a secure and confidential system available for reporting suspected violations of fraud and abuse and confidentiality breaches.

To make a report:



From any computer, go to:

www.TrilliumHealthResources.ethicspoint.com



Call toll free: 1-855-659-7660

Available 24 hours a day,
7 days a week, 365 days a year!



ALL QIPs DUE ON OR BEFORE JULY 31

Quality Improvement Projects (QIPs) are due on or before 7/31/17. Any fully contracted provider agency with a state contract is required to submit three QIPs for fiscal year 2016-2017. A recommended template and scoring tool can be found on the Trillium website (For Providers - Provider documents).

Please submit QIPs to QMinfo@Trilliumnc.org

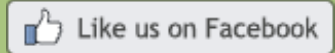
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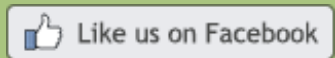


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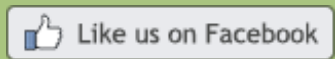
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