COST MODEL REFERENCE

11-21-06

#1

GOVERNANCE AND ADMINISTRATION LME FUNCTIONS

Administration	**Board of Directors**
CEO	Board Minutes.
Deputy Director (optional, dependent upon size of program).	Board Training.
LME Legal Services.	Board Support.
Policy Development to include EBP focus. -Develop policies to support LME's role in defining quality/good EBPs for provider, consumers and other stakeholders.	
Strategic Planning. -Plan should promote EBPs across all functions of the LME.	
Compliance with state and federal regulations.	
LBP development and implementation. -Ensure that LBP supports good clinical practices.	
Compliance with DHHS/LME Contract.	
County Government Relations.	
Medical Director (scaleable dependent upon need.).	

COST MODEL REFERENCE

11-21-06

#2

BUSINESS MANAGEMENT AND HUMAN RESOURCES LME FUNCTIONS

Finance	Risk Management	Purchasing	Service Funds Management	Accounting	HR
Financial Reporting - state, county, Board.	Establish risk management policy and protocols.	Purchase goods and services.	LME Systems Management Cost Reporting.	Accounts Payable - non provider payments.	Human resources/benefits administration.
Develop plans and budgets. -Evaluate funding based on EBP/clinical protocols.	Comply with federal requirements as a condition of receipt of federal grants.	Negotiate administrative contracts (leases, IT, auditor, and non-provider contracts).	Administer and enforce rules related to participation for federal or State financial aid.	Accounts Receivable - including reconciling IPRS payments.	Develop job descriptions that include clinical/quality elements.
Administer and enforce rules related to participation for federal or State financial aid.		Certification of fund availability.	Development of authorization guidelines for state funded services in conjunction with UR and clinical staff.	Annual audit.	Supports EPB.
Compliance with G.S.159/ Track and report on use of county funds and non UCR expenditures.			IPRS Benefit: Analysis and Review.	Maintain general ledger.	Recruitment.
Ensure that barriers to use of EBPs have been addressed for IPRS funds.				Payroll.	(Internal) Compliance with Fair Labor Standards Act.
				Financial Statements: Generate analysis.	Training Activities.

COST MODEL REFERENCE

11-21-06

#3

PROVIDER RELATIONS AND DEVELOPMENT LME FUNCTIONS

Provider Endorsement and Monitoring	Technical Assistance	Community Development Plan	Provider Contracting	Arbitration/Resolution of Provider Complaints and Grievances
Perform Provider Endorsement activities in an accurate and timely manner, consistent with DMA and DMH/DD/SAS Provider Endorsement Policies.	Provide technical assistance to providers on LME specific processes/ policies regarding operations and DHHS policies and communications. Provide technical assistance on EBP.	Ongoing recruitment and maintenance of the provider community based on local needs assessment.	Provider contract administration in accordance with standardized DHHS provider contract.	The LME shall establish written procedures for dispute resolution regarding LME decisions with a contractor, former contractor, or person asserting the claims described in G.S. 122C-151.4, and decisions may be appealed to the Area Authority Appeals Panel.
SB163 Provider Monitoring - ensure the quality of services and supports delivered by the providers operating in its catchment area for compliance with the law, not to supersede or duplicate regulatory authority or functions of agencies of the Department.	Develop and maintain a current Provider Manual to inform providers regarding LME and DHHS processes, procedures and policies.	Conduct annual gap analysis to identify additional capacity/types of providers needed – includes identifying unserved/underserved consumers	Review results of State audits.	Review provider complaints and grievance process per the DMH policy.
Monitor first responder capability semi-annually. Monitor use by Providers of EBP.	Follow up with providers to improve crisis plans of consumers who receive emergency/Mobile Crisis service while assigned to a clinical home provider.	Work with providers to ensure adequate community emergency response capacity.	Sub recipient monitoring.	
Monitor providers' progress on achieving national accreditation.	Provide targeted quality review of identified providers PCP for quality improvement	Work with Provider Community to ensure expansion of EBPs.		

COST MODEL REFERENCE

11-21-06

#4

CUSTOMER SERVICE/CONSUMER AFFAIRS LME FUNCTIONS

Support To Committees	Appeals and Grievances	System Navigation	Customer Services and Rights	Consumer Satisfaction
Support of CFAC -Educate and communicate with CFAC regarding EBP and clinical practice standards.	Respond to Complaints from consumers and family members of providers in catchment area per 10NC27G.0606. Identify staff to oversee all complaints and the Non-Medicaid appeal system per (DMH/DD/SAS Bulletin #38 and 10A NCAC 27I.0601-.0609). Includes complaint follow-up, rights investigations, monitoring and data collection and reporting requirements to ensure health, safety and quality improvement.	Assist consumers to "navigate" the system, including providing information on which providers are implementing evidence-based practices and on other public agencies/services.	Education and outreach to consumers and all stakeholders on: rights protections, complaint processes, advocacy and empowerment opportunities, evidence-based practices and service authorization guidelines.	Administer surveys to assess consumer knowledge/satisfaction with the process and with the support they receive.
CFAC Travel.	Engage in arbitration with consumers and providers.		Consumer outreach efforts for informational and educational purposes.	Mystery shopper (timeliness of service, provider choice).
CFAC Training -Education on clinical practice standards. Understanding how to read aggregate data reports, Quality Management, Service System Issues, New Models of Services, Business and Strategic Planning 101, etc.			Consumer education regarding state funded services authorization guidelines and evidence-based practices.	

Staff support to committees: -CFAC -Clients Rights (10A NCAC 27G.0504 and G.S. 122C-170).			Provide staff support to encourage and develop consumer-run businesses, system of care, recovery orientation, knowledge about evidence-based practices, self-determination and peer support initiatives.	

COST MODEL REFERENCE

11-21-06

#5

SERVICE MANAGEMENT LME FUNCTIONS

Care Coordination	**Concurrent Review of Medicaid-covered PCPs**	**UR/UM State Dollars**	**Community Collaboration**
Ensure continuity of care of consumers who are discharged from state institutions, hospitals, or other emergency services ***for those consumers who do not have a clinical home provider agency, until a provider agency is chosen.***	Review of 10% PCPs and Plans of Care for Medicaid services for appropriate components of plan – quality of plan development, evidence of person centeredness, use of EBPs, natural and community supports, adequacy of crisis plan.	Conduct UR for all services provided to consumers in catchment areas receiving State (IPRS) funding in accordance with UR timeframes as spelled out in the service definitions. Perform UR functions in time-efficient manner, with a benchmark of no more than 15 minutes for reauthorization of routine services and no more than 30 minutes for authorization of high-end, specialized services.	Develop and maintain effective relationship with Local and State governmental officials. Develop relationships through MOAs with other key agencies: Schools, Juvenile and Adult Justice systems, local hospitals and primary care providers, DSS, Sheriff, courts, etc.
Act as a liaison to providers and the authorizing agent as necessary, to effect changes in PCP for high cost/high risk consumers and ensure the use, as appropriate, of Evidence-Based Practices (EBP).		Review of 25% PCPs for non-Medicaid funded services for appropriate components of plan – quality of plan development, evidence of person centeredness, use of EBPs, natural and community supports, adequacy of crisis plan.	Develop a strong and seamless network of supports and services.
Ensure services and supports (including EBPs), in coordination with clinical home provider agency, for high risk consumers with primary care physicians are available.	Provider Sampling: Choice based upon LME experience with Provider Network.		Initiate and complete an annual assessment of community strengths and needs in regard to natural services and supports within the community at large and in light of EBPs.
Ensure provider Participation on Child & Family Teams.			Develop social marketing plan. Implement public awareness campaigns re prevention and education including use of EBPs.
Participate in Child and Family Team meetings as needed for high risk, high cost consumers and ensure that EBPs are being used, where appropriate.		Authorize utilization of State psychiatric hospitals and ADATC resources	Participate in development of community emergency response plans.
Participate in person centered planning and case		Authorization of eligibility	Provide leadership and active participation

reviews as needed for high risk, high cost consumers ensuring a focus on EBPs.		determination requests for recipients under a CAP-MR/DD waiver.	in local Collaborative efforts that bring together public agencies and groups to coordinate and improve services to NC residents.
Guardianship activities.		Process CDW data from PCPs.	Coordinate with TASC to improve collaboration with local justice-related partners (courts, community and institutional corrections, law enforcement, etc.) through TASC's established relationships outlined in the DHHS-DOC-AOC MOA.
Ensure that all three disciplines (Mental Health, Substance Abuse and Developmental Disabilities) have personnel with appropriate expertise to act on and respond to clinical matters.			
Coordinate with TASC for consumers involved in the adult justice system who are discharged from institutions to the community as per §122C-117. (a)13.			

COST MODEL REFERENCE

11-21-06

#6

QUALITY MANAGEMENT LME FUNCTIONS

Data Analysis/ Reports	Quality Improvement	Quality Assurance
Consumer Outcomes: (NC TOPPS/ DD COI).	Develop surveys and studies including EBP and Promising Practices. Minimum of Three QI Studies (annually) of LME operations and functions.	Audit Coordination and compliance of 122C-Licensed Providers / Endorsed Service Providers.
Service Utilization Patterns: -IPRS -LME Hospital Utilization data (Including SOS BDU Reports) -Crisis Utilization.	Review Community Provider Network QI Studies.	Incident Reviews and Reporting.
DMHDDSAS Compliance Reports.	Compare population census disability prevalence data w/ LME consumer Penetration data.	Review complaints on provision of services.
Trend Analysis: -Consumer -complaints -client rights -outcomes -Provider -audits -performance -satisfaction -Evidence-Based/Promising Practices -Internal LME Operations -Management of State dollars and State facility usage - Continuity of Care from State Operated Facilities (SOF). - LME Care Management effectiveness of high-risk consumers. -Access STR standards -Other Stakeholders -Community Agency complaints.	Process Improvements: - Develop internal processes to monitor and evaluate the level of quality obtained by all programs and services.	Technical Assistance on Quality issues including implementation of EBPs.
Ensure EBP outcomes.	Risk Management assessment: Using trend analysis data assess indicators that serve as potential risk to LME.	

COST MODEL REFERENCE

11-21-06

#7

CLAIMS ADJUDICATION AND IT LME FUNCTIONS

Claims Adjudication	IT
Receive, adjudicate and pay claims for services rendered within established timelines.	Maintain IT functionality to meet all required electronic data gathering and exchange requirements.
Reconcile remittance advices for payors, correct billing errors and re-bill.	Hardware/Software Acquisition and Maintenance.
Produce routine claims reports for providers and management – IBNR, etc.	Programming custom reports.
Ensure claims processed have been appropriately authorized.	Preliminary data analysis.
Produce remittance advice/EOB reports for providers of state funded services	Telephony.
	CDW Reporting.
	IPRS Reporting.
	Monthly reporting on access, state hospital bed days used, IBNR, claims payment, appeals and grievances, use of EBP (inclusion in PCP), etc.
	Receive data from DMA or DMH/DD/SAS, process, analyze and report on utilization of Medicaid services.

COST MODEL REFERENCE

11-21-06

#8

24/7/365 ACCESS, SCREENING, TRIAGE, AND REFERRAL LME FUNCTIONS

STR	Registration Management	Crisis Plans/1st Responder
Provide brief (no more than 10 minutes (average)/caller) telephonic screening and referral function 24/7/365.	Process registration information received from providers.	Maintain consumer crisis plans and "hot sheets" from PCPs to inform emergency STR calls
Answer phone within 5 rings or 30 seconds.	Complete necessary CDW forms.	Ensure that recommendations for modifications to crisis plans are transmitted to provider relations for follow-up for consumers with clinical home who receive emergency/Mobile Crisis Services.
Provide toll free number.	Follow up on 15% of consumers for whom no PCP is received in 45 days following a referral to an enhanced benefit provider.	Ensure that recommendations for crisis plans are transmitted to care coordinator for follow up for consumers without clinical home receiving emergency/mobile crisis services.
Offer TTY and language interpretation in accordance with Title VI guidelines.		
Assess urgency of consumer's needs.		
Offer choice and schedule appointments for consumers with providers in accordance with access standards for emergent, urgent, and routine circumstances considering emerging best practices.		
Coordinate consumer access to emergency services and provide "warm transfer".		
Follow up with 5% of consumers referred to community (generic/faith-based) resources or basic benefits to determine level of engagement.		
Manage database to perform abovementioned activities.		

COST MODEL REFERENCE

11-21-06

THE STATE WILL NOT PURCHASE THE FOLLOWING ACTIVITES AS LME FUNCTIONS:

LME Function of Governance	LME Function of Business Management	LME Function of Claims Payment	LME Function of IT	LME Function of Provider Relations	LME Function of Access / STR	LME Function of Service Mgmt
Lobbying		Costs associated with the LME providing billing functions on behalf of providers eligible for direct enrollment	Development of systems and reports needed by LME as a service provider	Monitoring that duplicates monitoring by state and federal agencies	Provision of emergency services	100% review of Medicaid-only PCPs (see Service Management chapter – p. 6)
Legal fees associated with disputes with any State agency	Cost reporting required by the LME as a service provider	Costs associated with the LME billing for services to Medicaid, Medicare, insurance, 1st party, etc. for services its provides as a service provider		Cost of maintaining physical plants owned by the LME or county and used by service providers	Clinical assessments	Case management
Accreditation cost associated with LME as a service provider	Training of staff related to service delivery activities			Providing training to providers required by service definitions		Medical records cost for the LME as a service provider
Other administrative costs - including salary/benefit costs, rent, utilities, etc. - associated with LME as a service provider.	Other costs allocable to the LME as a service provider					
Marketing of LME services as a service provider						