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MCO Communication Bulletin #J119

Date: January 13, 2015

To: LME-MCOs

From: Mabel McGlothlen, LME System Performance Team Leader, DMH/DD/SAS, and Kathy Nichols, Lead Waiver Program Manager, Contracts Section, DMA

Subject: Behavioral Health Urgent Care Centers and New Data Reporting Requirement

The purpose of this bulletin is to introduce language, policy, and reporting changes developed to support a goal of the Crisis Solutions Initiative.

A workgroup was formed in April 2014 to focus on the number one priority identified by the Crisis Solutions Coalition: "Fund, define, and monitor 24/7 Walk-in Crisis Centers as alternatives to divert unnecessary Emergency Department (ED) visits AND as jail diversion sites for Crisis Intervention Team (CIT) partnerships."

The workgroup, named "Behavioral Health Urgent Care Workgroup" was established with the DMH/DD/SAS leadership and crisis provider agency representatives, and expanded to include representation from the LME-MCOs. They have created two products that are now ready for use.

The first product is a new description of four distinct Access to Care Center Tiers of service provided in sites formerly all known as "walk-in crisis:"

- Tier I = Traditional Outpatient Service Centers
- Tier II = Same Day Access Centers
- Tier III = Behavioral Health Urgent Care Centers
- Tier IV = 24/7 Behavioral Health Urgent Care Centers

While all services have a place in the crisis continuum, the Tier III and Tier IV Behavioral Health Urgent Care Centers are the programs that truly have the necessary elements in place to function as alternatives to ED visits and as CIT jail diversion partners.

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The Crisis Solutions Coalition, endorsed the use of the new names and descriptions for the Tiers at its meeting on December 15, 2014. The DMH/DD/SAS will adopt the workgroup's recommendation and coalition's endorsement to use the new language and to recognize Tier III and Tier IV programs as Behavioral Health Urgent Care Centers. Please see the attached Access to Care Center Tiers document.

Historically, some walk-in programs - but not all – were required to do semi-annual expenditure and service reports. Single stream allocations of state dollars, local contributions of other funds toward the walk-in programs, and the desirable growth of same day access models of service led to unreliable, inconsistent and incomplete data.

The DMH/DD/SAS report form was updated to reflect today's environment. The former expenditure component of the report requirement was discontinued in January 2014, and the service component of the report was suspended in May 2014. This allowed the DMH/DD/SAS to enlist the input of crisis providers and LME-MCOs.

The second product created by the workgroup is a revised tool for service data reporting. The tool has been extensively vetted by the crisis providers, including live trials of data. Workgroup representatives agree the report elements are necessary and sufficient to informing LMEMCOs, providers, DHHS, and our other stakeholders about the work accomplished in Behavioral Health Urgent Care Centers. The Crisis Solutions Coalition has endorsed the use of the new data report, beginning as soon as possible. The workgroup members also agreed that any sites which do not meet criteria for Tier III or Tier IV functions will not be included in reporting.

LME-MCOs and any providers of “walk-in crisis” services completed a review of each site during the past month. Of the 102 sites that completed the review, 29 are currently identified as Tier III – BH Urgent Care Centers, and eight are currently identified as Tier IV – 24/7 BH Urgent Care Centers. These sites, and any sites who expand operations to Tier III or IV capacity in the future, will be required to resume quarterly service reporting using the new data report. Please review the attached report template for specific requirements.

The DMH/DD/SAS and the Behavioral Health Urgent Care Workgroup are committed to a thorough review of the data reporting requirement, form, and process. We will work closely with the providers impacted during the next six months. Please inform Tier III and Tier IV Behavioral Health Urgent Care Centers in your area of the requirement to begin using this form with dates of service beginning February 1, 2015. The first quarterly report (February & March 2015 data) is due April 15, 2015.

Please feel free to contact Crystal Farrow, Project Manager for the Crisis Solutions Initiative at crystal.farrow@dhhs.nc.gov for any questions about this information.

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