

Cardinal  
Innovations  
HEALTHCARE

October 26, 2017

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# LME-MCO Military/Veterans Point of Contact

## Community-Based Services & Resources

# What is an LME-MCO?

Local Management Entity-Managed Care Organization (**LME-MCO**).

LME-MCOs operate under the 1915 b/c Waiver supporting Medicaid beneficiaries in need of behavioral health services as contracted with the NC Department of Health and Human Services (NC DHHS). To learn more about the North Carolina 1915 b/c Waiver:

<https://www2.ncdhhs.gov/dma/waiver/index.htm#pied>

Under this contract, LME-MCOs are to provide management and oversight of the public system for mental health, substance use, and intellectual/developmental disabilities services at the community level.

Additionally, LME-MCOs manage state-funded mental health and substance use services.

# Is Serving Veterans Within the Scope of an LME-MCO?

Session Law 2011-185, Section 6 G.S. 122C-115.4 reads:

- The commission shall adopt rules to ensure that the needs of members of the active and reserve components of the Armed Forces of the United States, veterans and their family members are met by requiring:
  - Each LME to have at least one trained care coordination person on staff to serve as the point of contact for TRICARE, the North Carolina National Guard's Integrated Behavioral Health System, the Army Reserve Department of Psychological Health, the United States Department of Veterans Affairs, the North Carolina Department of Correction, and related organizations to ensure that members of the active and reserve components of The Armed Forces of the United States, veterans, and their family members have access to State-funded services when they are not eligible for federally funded mental health and substance abuse services. **VETERANS POINT OF CONTACT**
  - LME staff members who provide screening, triage, or referral services to receive training to enhance the services provided to members of the active or reserve components of the Armed Forces of the United States, veterans, and their families. **TOLL-FREE CRISIS/INFORMATION/REFERRAL LINES**
  - The training required by this subdivision shall include training on at least all of the following:
    - The number of persons who serve or have served in the active or reserve components of the Armed Forces of the United States in the LME's catchment area.
    - The types of mental health and substance abuse disorders that these service personnel and their families may have experienced, including Traumatic Brain Injury, posttraumatic stress disorder, depressions, substance use disorders, potential suicide risks, military sexual trauma, and domestic violence
- Appropriate resources to which these service personnel and their families may be referred as needed. **COMMUNITY RESOURCES**

## How LME-MCOs Meet These Requirements:

1. Provide information and assistance to Military/Veterans National Guard/Reserves members and their families in understanding and obtaining services through LME-MCO and DMH/DD/SAS that meets their specific needs.
2. Act as the LME-MCO subject matter expert on staff and the “point of contact” for TRICARE, the NC National Guard’s Integrated Behavioral Health System, the Army Reserve Department of Psychological Health, and the US Department of Veterans Affairs.
3. Ensure that the LME-MCO and the provider network are collecting data regarding military status and history on all current consumers and those applying for services.
4. Review data on active or reserve (including the NC National Guard) and their families to ensure that service needs are being met.
5. 2009 Session Law designated Military members as a target population for IPRS Services. The policy is attached. This policy ensures that the LME-MCO provides all necessary crisis services for this population. ***Allows LME-MCOs to provide services to those eligible under Medicaid and/or State funding that may have other than honorable discharges.***
6. Ensure the coordination of benefits and eligibility determination for military members and their families including referral to VA services and TRICARE.
7. Encourage enrollment in TRICARE from appropriate members of the provider network.

# How LME-MCOs Meet These Requirements:

1. Contact NC Division of Veterans Affairs Service Officers in each county. They can assist the military members with benefits.
2. Ensure that all appropriate staff in the LME-MCO and provider network obtains the necessary training outlined in the legislation.
3. Attend Monthly Meetings with the **Governor's Focus Group for Returning Combat Veterans** to stay updated on critical collaborative service information and assistance located in other counties. **(NOTE: Now call the Governor's Working Group for Services Members, Veterans and their Families).**
4. **Coordinate with appropriate VA, Veteran Service Organizations, Veteran Service Officers and other federal, state and community resources to provide critical information and assistance to meet the service member needs.**
5. Participate in the National Guard and Reserves mobilization and demobilization process. To brief/advise Guard/Reserve members and their families on available county community resources.
6. Support the Guard and Reserves Yellow Ribbon activities for gathering critical service information and assistance needs.
7. Research and resolve issues associated with entitlements when Military/Veterans or Guard/Reserves members and their family members encounter problems.
8. Provide information to the LME-MCO Leadership Staff and coordinate with sections and unit, regarding veterans' entitlements available through NC Department of Veterans Affairs, Department of Labor, HUD and other veterans' entitlement and benefit programs.
9. Monthly contact with your local community, National Guard and Reserves Military facilities. (Family Centers, Armory Centers, Reserve Units).

# How LME-MCOs meet these requirements:

## NC National Guard: LME-MCO Initial Crisis Protocol

1. For consultation on a behavioral health issue with a Service or Family member, wingman (Air National Guard or battle buddy (Army National Guard) call the NCNG Integrated Behavioral Health System to connect confidentially with the on-call licensed NCNG clinician, 24/7/365 at 1-800-621-4136, by pressing 1 for Behavioral Health. If you or the people you are calling about are in an imminently dangerous suicidal or homicidal situation, call 911.
2. If a Mobile Crisis Team has been dispatched as a result of the North Carolina National Guard Integrated Behavioral Health System (NCNG IBHS) calling the LME-MCO or local law enforcement, where NCNG unit commanders and /or front line leaders may, or may not be involved, the Mobile Crisis Team lead must call (800) 621-4136, press Option 1, and consult with the on-call NCNG IBHS provider initiating the intervention in order to acquire collateral information.
3. The initiating NCNG IBHS provider is always the POC (Point of Contact) for Mobile Crisis Team Members to NCNG command. It is the responsibility of the NCNG IBHS provider to act as liaison and provide back a briefing to command or leaders on the intervention provided by the LME-MCO Mobile Crisis Team.
4. If a Mobile Crisis Team has been called to a person in crisis who is a North Carolina National Guardsman, where neither the NCNG IBHS or unit command/leadership is involved the Mobile Crisis Team lead should call (800) 621-4136 and press Option 1, in order to consult and coordinate with the on-call NCNG IBHS provider in order to ensure case management care coordination for the soldier is in agreement.

# What is Mobile Crisis?

- Mobile Crisis Management involves all support, services and treatments necessary to provide integrated crisis response, crisis stabilization interventions, and crisis prevention activities. Mobile Crisis Management services are available at all times, 24-hours-a-day, 7-days-a-week, 365-days-a-year.
- Crisis response provides an immediate evaluation, triage and access to acute mental health, intellectual/developmental disabilities, or substance use services, treatment, and supports to effect symptom reduction, harm reduction, or to safely transition people in acute crises to appropriate crisis stabilization and detoxification supports or services.
- These services include immediate telephonic response to assess the crisis and determine the risk, mental status, medical stability and appropriate response.
- Mobile Crisis Management also includes crisis prevention and supports that are designed to reduce the incidence of recurring crises.
- To find the Mobile Crisis provider in your area, please visit NC DHHS's Crisis Initiative website at the following link: <http://crisissolutionsnc.org/>



## Toll-Free Crisis/Information/Referral Lines

- North Carolina's publicly funded crisis services may be used by anyone regardless of insurance status or an ability to pay.
- Unless you are in a life-threatening emergency, call your LME-MCO's 24-hour toll-free number. The professional staff answering will help you find the right services for your specific needs.
- To find the toll-free crisis/information/referral line for the LME-MCO in your area, please visit NC DHHS's Crisis Initiative website at the following link:  
<http://crisissolutionsnc.org/>

# Other Than Honorable Discharges

- LME-MCOs, along with NC DHHS partners, recognize the service gaps available to veterans with other than honorable discharges.
- As referenced previously on Slide 5/Item 5, the 2009 Session Law which designated Military members as a “benefit plan” (formerly called “target population”) for state-funded behavioral health services (mental health/substance use). This policy ensures that the LME-MCO provides all necessary crisis services for this population.
- In addition to “all necessary crisis services for this population,” upon further determination of eligibility for Medicaid and/or state-funded services once VA care entitlement services have been exhausted, the veteran may be referred to contracted service providers in the LME-MCO’s Network.

# Coordinating Community Resources

Examples of how LME-MCOs coordinate with appropriate VA, Veteran Service Organizations, Veteran Service Officers and other federal, state and community resources to provide critical information and assistance to meet the needs of service members:

- LME-MCO Monthly M/VPoC Meetings held prior to the Governor's Working Group Members: <http://ncveteransworkinggroup.org/>
- NCServes Provider Network: <http://americaserves.org/veterans/americaserves-locations/north-carolina/>
- Partner with Local MyVA Community Veterans Engagement Boards: <https://www.facebook.com/NCCVEB/>
- Learn what's close to you: <http://www.nc4vets.com/>

# LME-MCO M/VPoC Contact Information

LME-MCO (Toll-Free Lines)	M/VPoC	EMAIL
ALLIANCE BEHAVIORAL HEALTHCARE: <b>1-800-510-9132</b>	Hank Debnam	<a href="mailto:hdebnam@alliancebhc.org">hdebnam@alliancebhc.org</a>
CARDINAL INNOVATIONS HEALTHCARE: <b>1-800-939-5911</b>	Emily Smith	<a href="mailto:emily.smith@cardinalinnovations.org">emily.smith@cardinalinnovations.org</a>
EASTPOINTE: <b>1-800-913-6109</b>	Katina Dial-Scott	<a href="mailto:kdialscott@eastpointe.net">kdialscott@eastpointe.net</a>
PARTNERS BEHAVIORAL HEALTH MANAGEMENT: <b>1-888-235-HOPE (4673)</b>	Jamie Sales	<a href="mailto:jsales@partnersbhm.org">jsales@partnersbhm.org</a>
SANDHILLS CENTER: <b>1-800-256-2452</b>	Kellie Moran	<a href="mailto:kelliem@sandhillscenter.org">kelliem@sandhillscenter.org</a>
TRILLIUM HEALTH RESOURCES: <b>1-877-685-2415</b>	Ashley Rhea	<a href="mailto:ashley.rhea@trilliumnc.org">ashley.rhea@trilliumnc.org</a>
VAYA HEALTH: <b>1-800-849-6127</b>	Meredith Comer	<a href="mailto:Meredith.Comer@vayahealth.com">Meredith.Comer@vayahealth.com</a>