

Provider Survey Comments 2009

What additional services do you think are needed for MH/DD/SA consumers?

- New Hourly Respite
- Startup and ongoing funds for RECs in Ashe & Alleghany counties
- MH Adult Residential w/ high intensity service needs (Macon county)
- MH Child Residential, Levels 3 & 4 (Macon county)
- IPRS funding for ACTT, IIH, & PSR
- Individual & group therapy for those who have not responded to the REC
- Develop child/adolescent day tx program in Caldwell county
- PRTF for children in the Northern Region transportation;
- After-hours appointments
- More state-funds for people with developmental disabilities
- More services for young children & families
- Increased ADVP funding to address the waiting list (all regions)
- More funding for IPRS consumers
- More senior enrichment programs for people with DD
- More funding for DD day programs in Jackson & Macon counties
- More services; less paperwork
- Increase DD services in Alexander county
- A new service to serve individuals with MH, behavioral issues such as aggression/violent behaviors but not appropriate for ICF/MR homes
- Since we have opened the new Day Program in Hayesville, Around the Mountain, we have received many calls from guardians and case mgrs of consumers who do not have funding that would allow them to attend a day program. We will be starting the Supported Employment program through Vocational Rehabilitation soon and will be able to assist those individuals who would like to seek employment.
- Transition services from Medicaid/child to independent living for adults
- ALANON/ Teen Al-ANON
- Sexual abuse Support Groups
- More TCM hours for state funded people. It is hard to write a plan and see someone, deal with their issues on 4 hours in 90 days
- After school programs for all MH kids and in particular teenagers, summer programming
- CS Team and Intensive In-Home (new)
- Additional substance abuse for children/adolescents
- Transportation services, CST, helpful mobile crisis, ACTT, need DT funding, non-UCR funding for consumers that are hospitalized
- Emergency placement resources, which Our Father's Place provides for Pathways LME and Catawba LME. We provide TFH on an emergency basis to the LME, DSS and juvenile court as a diversion to placing consumers in permanent facilities

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- MH Adult Residential with high intensity services; MH Child Residential Level III and IV
- Additional capacity for ADVP services both in house and in community job placement.
- Intensive In-Home services are needed to be developed
- Additional funding capacity for ACTT and CSS
- More funding for IPRS consumers
- Intensive In-Home for Children
- Need for additional capacity for services offered such as additional CAP-MR/DD slots
- More day programs, more opportunities for low income housing for consumers that can live independently and more job opportunities in workshops and in community
- Residential Treatment for SA, MH and Dual diagnosis, ½ way house for all 3 populations
- Many of our ADVP consumers are aging and more intense services are need for this population. As they get older and go beyond natural retirement age, the needs are greater and a work type environment is no longer appropriate, but because of lack of resources and money, that is all they have. For many of these individuals, staying at home is not a realistic alternative either.
- There is need for more funding for adults: mental health and developmental disabilities consumers who need a day program (Day Activity) but are not vocationally appropriate. We have potential client but no funding.
- Funding for TBI clients.
- Increased capacity at current Adult Day activity program. The program is not an ADAP; therefore we do not qualify for that funding. The current funding for the services is through one on one or group periodic services, such as DT, PA, and CAP. If Adult Day Activity could be a billable service, or if other services where the definition of the service fits what the program does could be included in our contract, this program could meet the needs of the service recipient better. Transportation is a need for the service recipients in this area that is not being met. Comprehensive CAP services for service recipients with developmental disabilities.
- Intensive In-Home, Psychiatrist (Additional), Adult Day Program/Activities (new), Residential Placement group homes (children)
- Intensive In-Home (additional), psychiatrist (additional), PSR in Watagua Co (new), more adult AFL options (additional); Easier database – resource list for youth group home/ residential placement (additional)
- We are often contacted by surrounding counties for evaluation/treatment of adolescent and/or adult sex offenders. The problem is a lack of local services. We do not think that these services can be competently provided at a great distance.
- IPRS funding for ACTT, IIH and PSR; Increase CS for IPRS patients; startup and ongoing funds for RECs in Ashe and Alleghany; SA licensure assistance for IIH and JJTC clinics; increase funding for basic services
- Increase SA capacity for treatment of chronic pain, families and adolescents

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- Individual and group therapy for those patients who have not responded to the REC; REC has not been able to engage them in treatment
- ACTT, SAIOP; Services for maintenance of chronic SPMI consumers, more psychiatric services, more professional staff, case loads over and beyond number required.

What barriers are currently affecting your ability to serve consumers?

Other Barrier	Suggested solution to barrier
Lack of professional staff	Rate increases
Lack of financial resources	Rate increases
Lack of financial resources	Look at appropriating funds differently in order to serve hard to serve ind. w/serious behaviors – aggression/violent, but who are not approp. for ICF/MR that have more MH issues
Lack of financial resources	We have had problems finding staff on all levels, i.e. paraprofessionals, professionals and clerical staff; We have asked the LME make available a funding that would allow individuals to attend the day program in a group setting. A type of funding that would not require a step down plan as this would not be appropriate for DD individuals
Lack of professional staff	Excessive paperwork and processes
Lack of financial resources/short funded services	More hours for TCM state funded
Lack of financial resources	My consumers hours are being cut back due to state funds! Not sure of a solution; bad economy!!
A flat rate for foster care	Have a tiered rate which takes into account the acuity of child
Difficulty accessing room and board for non DSS children	Make state dollars more accessible for other kids in need
Lack of professional staff	
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Distance and transportation	Expand services to other areas and provide a van for transportation
Lack of professional staff Inability to use AP/PP as effectively as before due to changes in reimbursement rate	Lack of qualified professionals in our service area

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Other Barrier	Suggested solution to barrier
Lack of financial resources	
Lack of professional staff Lack of financial resources	Possibly additional trainings to help new staff become more professional Fundraising, our fundraising in FY 2002-2003 was 2% of total budget. In FY 2007-2008 this jumped to 35%
Lack of habilitation technicians	
Lack of professional staff Redundancy in oversight and auditing	Expand SA workforce developed initiations to mh services Within next 4 mos. MBH will experience a CMS Audit, Program Integrity audit, FEM audit, etc while also maintaining national accreditation.
Not honoring consumer choice	Honor consumer choice by allocating IPRS \$'s to agencies
Lack of financial resources	Lack of available funds from the LMEs to begin the rapid response program
Timely review of services and plans	
Retention of professional staff Lack of financial resources/benefits AP's and PP's w/extensive past experience cannot be a factor in credentialing Experience "w/population served"	Offer provider agencies access to SMC benefits package like Meridian gets Develop new credentialing guidelines for transferable skills w/o degrees Allow more generic guidelines for experience to count toward QP status across DD/MH/SA
Lack of professional staff Lack of financial resources	
Lack of professional staff Lack of clerical staff Lack of financial resources	More funding for IPRS consumers would enable us to provide more comprehensive services Incentives would enable us to more easily recruit and retain qualified professional staff. Financial assistance for licensure requirements, training, etc. would be helpful
Lack of professional staff Lack of clerical staff Lack of financial resources Transition to new electronic system	Grant funding; adjustment process; temporary assistance; recent new hires are insufficient
Time to build services for children	Psychiatry although need is indicated

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Other Barrier	Suggested solution to barrier
Lack of professional staff Lack of financial resources	No significant raise in CAP funding in years, result – difficult to compensate professional staff
Lack of financial resources	Stimulus \$ to expand and stabilize current services
Lack of financial resources	Additional resources from the state
<p>Lack of financial resources</p> <p>Inconsistent communications from different LME staff. One gets a different answer to the same question depending on the person. Need a specific name to contact for a particular problem, rather than getting passed around from person to person.</p> <p>Care Managers reviewing/approving DD paperwork then they do not have a DD background or any expertise in the area</p> <p>Inability to find doctors/dentist/psychiatrist that accept Medicaid</p> <p>Doing the paperwork or sending paperwork to more than one person, such that case manager is doing the same twice</p> <p>Not allowing enough time to get things completed/sent to LME</p>	<p>Make sure everyone has the same information and is on the same page</p> <p>Utilize staff that have a DD background or hire staff that has a DD background</p> <p>When changes are made internally that concern to whom a provider would send information to, ensure that providers are aware where to send info so that they are not doing more work than necessary</p> <p>Allow for the amount of time needed. A good example is the survey for consumers which is due back by the 20th. Two weeks sounds like a lot of time, but if you have consumers in several counties, you not get out to all of them during that time and mailing surveys to families with the expectation that they will be sent back is not always the case. Allow enough time to get things done.</p>
The BUI system and the complicated manner it is to navigate the system.	Please ensure providers know when changes are made to the system and please post approval letters in a timely manner. Make it easier to find and access what you need.

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Other Barrier	Suggested solution to barrier
Lack of professional staff Lack of financial resources	
Lack of financial resources Certain client diagnosis with serious behavior issues Safety of the client and liability risk Limited space to provide services	Staff are unwilling to work at the pay offered with the risk of the job More resources for program equipment, special supplies, etc. that can improve the client/staff relationship Again all of this could be solved with more financial resources
Lack of professional staff Not able to bill for new con-current CS clients if they are transferred to you Limitations on certain services Difficulty finding appropriate services	LME to use IPRS funds to pay providers for the 1 st 4-8 hours pass thru. Transportation, more out patient services
Lack of professional staff Inability to bill/serve Medicare only Other appropriate services for referrals Difficulty finding other services easily	Better screening in the STR process to gather insurance info and make appropriate referral Intensive In-Home, parenting groups, transportation, outpatient services State database of bed availability for placements
Lack of professional staff Lack of clerical staff Lack of financial resources Value Options not authorizing enough hours Lack of a reliable referral system Reduction of units by Value Options	Lack of professional staff More cooperation between hospitals and community, esp in crisis situations Community support is not designed to be long term. Need alternate service for step down for chronic individuals.

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Other Barrier	Suggested solution to barrier
Lack of financial resources	Increase reimbursement rates. Difficult to hire adequately trained professional staff at current rates.
Lack of professional staff Lack of financial resources	Continue to experience great difficulty in recruiting professional staff. Incentives for training and licensure. Increase IPRS funding allocations
Lack of professional staff Lack of financial resources	
Lack of financial resources	We tap into as many funding sources as we can find but it is difficult

What barriers affect the development of additional services by your agency or in your area?

Other Barrier	Suggested solution to barrier
Lack of professional staff Lack of financial resources	Rate increases Rate increases
Lack of financial resources	Little to no developmental disabilities services in Alexander county
Lack of financial resources	More money for substance abuse treatment services
Lack of professional staff	
Finding qualified professionals to employ	
Lack of financial resources	
Lack of financial resources	
Lack of clerical staff Lack of financial resources	Provide start up dollars for new services to offset recruiting cost, ramp up times, etc.
Lack of financial resources	Ear-marking funds specific to provide emergency, temporary (30 day max) placement
Retention of professional staff Lack of financial resources Favoritism for Meridian, no encouragement No response to our proposal for pilot project for transitional living funded by state! LME was not aware pilot was offered Never asked by LME, discouraged by LME when proposed new service is offered	Encourage other agencies and offer same incentives including start up funding/loans, technical assistance, contracting for MD staff. Please respond back. If proposal is not feasible sit down with us and assist us to modify our plan toward feasibility.

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Other Barrier	Suggested solution to barrier
Lack of professional staff Lack of financial resources	
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Lack of professional staff Lack of clerical staff Lack of financial resources	Being able to recruit and retain qualified staff as well as increased funding for services would enable us to develop additional services
Lack of professional staff Lack of clerical staff Lack of financial resources Still under development in both counties	
<p>Lack of professional staff</p> <p>Finding qualified people who are willing to work for the pay</p> <p>Increased state and federal regulations with no benefits attached (such as the cost reports)</p> <p>Short authorization for DT and PA. This makes unnecessary paperwork given the population services. Also makes budgeting a night mare</p> <p>Clearer documentation requirements</p> <p>Short time frames. Receiving information from DMA (Waiver service changes) or the LME (PA not being allowed in the group home) or Value Options about changes that need to be implemented yesterday or in one week.</p>	<p>Higher rate for certain services such as PA. The staff who work this service make the same decisions that someone who works DT or CAP. Because more staff are working in non-institutional settings, they rely on their own judgment and work ethic more than in the past.</p> <p>Provide a software program that asks for the necessary information and can create a report which can serve as the cost report</p> <p>Authorize DT and PA services or other services for adults with developmental disabilities annually</p> <p>Provide example documentation for all contracted services or redo the service documentation manual.</p> <p>Take the responsibility away from the providers and do not ask providers to continue to provide a service if the authorization has not been approved. Do not give providers two weeks or less to train staff on new core competencies or to implement major changes. Do not let VO deny authorization for services that have been approved in the past, after they have already been provided.</p>

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Other Barrier	Suggested solution to barrier
Lack of professional staff Not enough licensed or QP staff	Allow AP to bill for services that QP is supposed to do.
Lack of professional staff Lack of financial resources	It is difficult to begin working a new area when you must hire a professional staff and pay them with no cases in the area; it takes time to build financial resources
Lack of professional staff Lack of financial resources	Stimulus \$ for private providers and small businesses to expand
Lack of financial resources	
Lack of professional staff Lack of financial resources	
Lack of professional staff Lack of clerical staff Lack of financial resources Ability to find qualified staff that reside in this county Value Options not approving units for services to be rendered. Only 2 days of med clinic which hinders/limits access to services – enhanced – requires advance planning by case managers.	Would like VO to realize some counties in NC are still very rural and some services are all consumers have to cope with MH/DD/SA.