

Administrative Offices
100 Europa Drive
Suite 490
Chapel Hill, NC 27517

To: Providers of CST, IIH, and Day Treatment
From: S. Lynne Hamlet
Date: June 3, 2010
Re: Transition Planning

As you are aware, the current State Plan Amendment will allow only Critical Access Behavioral Health Agencies (CABHA) to provide Community Support Team, Intensive In-Home, and Day Treatment services effective July 1st. Although an extension has been requested from CMS, the state has not yet heard whether it will be granted.

If the extension is not granted, it will be crucial that consumers of these three services are successfully transitioned to CABHA certified agencies. Therefore, we are asking that agencies currently providing these services begin immediately planning for this possibility. We understand that you have a relationship with these consumers and do not wish to unnecessarily disrupt their treatment based on an event that may or may not happen. However, just as you plan for continuity of services in the event of a disaster, proactive and thoughtful planning will help mitigate the impact on your consumers and facilitate a smooth transition if necessary.

Similarly, we understand that some providers, even if CABHA certified, may cease providing CST on July 1st because of recent service definition and rate changes. If your agency has made such a decision, you will, of course, need transition plans for those consumers as well.

As a first step in this planning process, we are asking that providers of CST, IIH and Day Treatment give us aggregate information related to your current OPC caseload and a plan for how you will transition those consumers prior to July 1st if required. We are not asking for individual consumer transition plans at this point, although we may do so in the future. We simply want providers to begin thinking about how your agency will manage these potential, significant changes to our service system.

Please return the attached form to your provider representative by June 9th.

Provider: _____

Person Completing Form: _____

Phone#: _____

	CST	IIH	DT
1. How many OPC consumers (Medicaid & IPRS) are you serving? <i>(please indicate # per service in columns to the right)</i>			
2. How many of these consumers will continue to need CST, IIH or Day Treatment after June 30 th ?			
3. How many of these consumers will need a higher/lower level of service that you do not currently provide?			
4. What is your agency's plan to transition these consumers if necessary? <i>(please be as specific as possible and include timelines as well as information related to the ongoing services you believe these consumers will need)</i>			

Please e-mail this form to your provider representative or fax it to 919-913-4038.