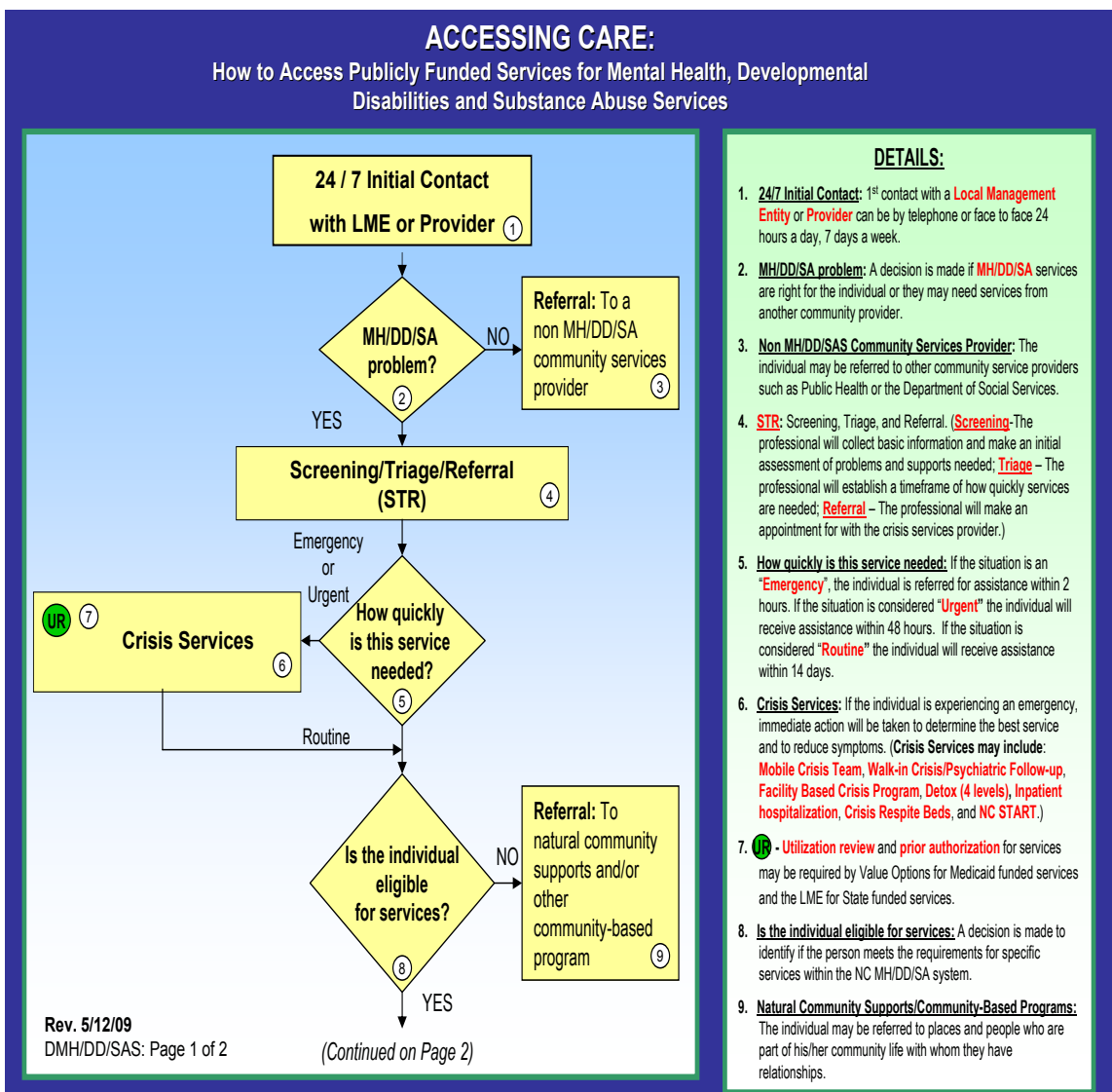


Memorable Memo

LMEs, CABHAs, and Other Acronyms To Challenge Your Mental Health

LME stands for Local Management Entity. CABHAs are Critical Access Behavior Health Agencies. Unless you are an insider in the world of mental health services, these acronyms are hard to understand. Once you get past the acronym, the only clue that they relate to mental health services is the use of behavioral health. Plenty of North Carolinians don't know what behavioral health is either.

Take a look at the chart provided by the state to consumers of mental health, developmental disabilities, and substance abuse services. There are 16 different steps and 16 different acronyms. LME, MH/DD/SAS, STR, NC START, IIH, MST, ACTT, CST, SAIOP, SACOT, TCM, CS, CAP-MR/DD, NC-TOPPS, UR, 24/7. All of these acronyms need to be reviewed—perhaps by the Joint Select Legislative Study Committee on the Use of Acronyms in Mental Health Services Provided by the State, or JSLSCUAMHSPS for short.



The people who use this system of care are often in crisis. Many are mentally ill. Others have developmental disabilities. The state has a duty, at a minimum, to use plain English, and provide a guide to the mental health system that can be understood and accessed easily by the consumers it is intended to serve.

In 1978, newly elected Governor Jim Hunt penned what became known as the Rock Ridge Memo, which *Insight* reprinted in 1982. This memorandum was directed to those in his administration

who believed “the best way to impress the Governor is to fill pages and pages with obscure, multi-syllabic words.” Instead, the Governor requested simple, direct language. Coming from the small rural community of Rock Ridge in Wilson County, Hunt’s test for a good memo was “Would the average person in Rock Ridge understand it?”

Our test is “Would the average person needing mental health, developmental disability, or substance abuse services understand it?” The answer in this case is no. ☹️

ACCESSING CARE: A Flow Chart for New Medicaid and New State Funded Consumers, *continued*

(Continued from Page 1)

10 Appointment made with appropriate and available provider based on need. ★ 11

CLINICAL HOME UR

12 (Referral to a Clinical Home Provider for):
 13 Comprehensive Clinical Assessment,
 14 Enhanced Benefit Service(s),
 15 and any other MH/DD/SA Services

Medicaid: authorized by ValueOptions
 State: authorized by LME

OUTPATIENT UR

16 Outpatient Visits may include up to:
 13 Comprehensive Clinical Assessment
 15 and other MH/DD/SA Services

Medicaid: authorized by ValueOptions
 State: authorized by LME

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 DMH/DD/SAS: Page 2 of 2

Note: Financial eligibility is determined by the provider.

DETAILS:

10. **Appointment made with the appropriate provider based on need:** The professional makes an appointment with a provider for specific services based on the individual’s needs.
11. ★ - The individual may choose an appropriate and available provider.
12. **Clinical Home Provider:** If the individual is in need of multiple or complex services, a provider is responsible for coordination of all of his/her services. A **Qualified Professional** schedules a Comprehensive Clinical Assessment and assists the person in developing their **Person Centered Plan & Crisis Plan**, in completing various authorization forms and the **NC –TOPPS**. They also act as a **First Responder** in the event of a crisis.
13. **Comprehensive Clinical Assessment:** - A licensed professional conducts an assessment which is used to gather the clinical and diagnostic information necessary to develop the person centered plan. Assessment tools include, but are not limited to: Diagnostic Assessment, Evaluation/Intake, and State Substance Abuse Assessment.
14. **Enhanced Benefit Services:** Any of the following services may be included on the individual’s Person Centered Plan:
 - * Intensive In-Home (IIH)
 - * Multisystemic Therapy (MST)
 - * Assertive Community Treatment Team (ACTT)
 - * Community Support Team (CST)
 - * SA Intensive Outpatient Program (SAIOP)
 - * SA Comprehensive Outpatient Treatment (SACOT)
 - * Targeted Case Management (TCM)
 - * Community Support-Children/Adolescents (CS)
 - * Community Support-Adults (CS)
15. **Other MH/DD/SA Services:** There are other Mental Health, Developmental Disabilities and Substance Abuse Services that may be offered, including **CAP-MR/DD Waiver services**.
16. **Outpatient Visits:** If your needs can be met by outpatient services, you can receive services without prior authorization by **ValueOptions** or the LME. Authorization for services is required after 8 visits for adults, and 26 visits for children.