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MEMORANDUM

TO: All Interested Parties

FROM: Leza Wainwright *lw*

SUBJECT: Summary Version of Special Implementation Update #76

Please send any input or suggestions for the Summary version to us at ContactDMH@dhhs.nc.gov. Readers who want to view the Implementation Updates and other summaries may find them on our website at <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>; refer to the detailed version as the authority to avoid confusion.

Reporting Provider Fraud and Abuse

- The N.C. Department of Health and Human Services (DHHS) has created a poster asking citizens to report Medicaid fraud and abuse.
- For more information refer to the Division of Medical Assistance (DMA) website at <http://www.ncdhhs.gov/dma/provider/fraud.htm>.

Changes to Administrative Requirements for Providers and LMEs

- The Department of Health and Human Services has worked with representatives from provider agencies and local management entities (LME) over the past fiscal year to find ways to make paperwork requirements and processes more efficient.
- As a result, the Department of Health and Human Services has implemented the following changes:
 - Revision of the Person Centered Plan (PCP) form and requirements
 - Revision of the authorization requirements and payment structure for targeted case management
 - Simplification of the documentation requirements for psychosocial rehabilitation services
 - Greater weight for providers' accreditation status in LME monitoring decisions
 - Implementation of a web-based Incident Response Improvement System (in process)
 - Addition of management tools and report extraction capacity in NC-Treatment Outcomes and Program Performance System (NC-TOPPS) (in process).
- The provider and LME workgroups also identified additional areas to be streamlined in the coming year:
 - Creating greater consistency in the screening, triage and referral process and data submitted to LMEs
 - Making additional revisions to the Person Centered Planning form

- Creating greater consistency in the data elements and submission timeframes for information that providers send to LMEs
- Improving the sharing of consumer information between LMEs and providers who serve them
- Improving consistency in trainings through web-based training methods
- Sharing resources and tips on how to provide quality services
- Improving inter-rater reliability among monitoring staff

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) will work with the NC Council of Community Programs and providers in State fiscal year 2010-11 to determine the best methods for addressing these additional areas for improvement. Questions and suggestions may be submitted to ContactDMHQuality@dhhs.nc.gov.

Implementation of the CAP-MR/DD Clinical Policy/Manuals and Technical Amendment Number One

- The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, in partnership with the Division of Medical Assistance, has completed the process for the development of the CAP-MR/DD Clinical Policy. This process includes:
 - Securing approval from the Physician's Advisory Group (PAG),
 - Posting for public comment,
 - Processing feedback received from public comments, and
 - Making final revisions to the policy.
- This publication serves as formal notice of the release and implementation of the CAP-MR/DD Clinical Policy in conjunction with the manuals for the CAP-MR/DD Supports Waiver and the Comprehensive Waiver.
- Also included are the changes and implementation plan and schedule to phase in the changes contained in the CAP-MR/DD Clinical Policy, Supports Waiver and Comprehensive Waiver Manuals and Technical Amendment Number One.

Refer to Implementation Update #76 for complete information. The Technical Amendment Number One provides the following changes/clarifications to both the Comprehensive Waiver and the Supports Waiver:

1. Revision to the **Behavioral Consultant** service definition in response to public comment.
 - The implementation of the **Behavioral Consultant (II and III)** service definition is effective immediately. The endorsement check sheets and instructions are posted at: <http://www.ncdhhs.gov/mhddsas/stateplanimplementation/providerendorse/index.htm>.
2. Revision to the **Crisis Respite** definition to provide additional clarifying information.
 - **The implementation of the revised Crisis Respite service definition is effective immediately.** The endorsement check sheets and instructions are posted at: <http://www.ncdhhs.gov/mhddsas/stateplanimplementation/providerendorse/index.htm>.
3. Revision to the **Home Support** service definition to provide additional clarifying information regarding provision of service by family members.
4. **Added the limitation to disallow individuals who live with minor children from providing services.**
 - Parents, step parents, or adoptive parents **may not** provide services to their minor children. Any other individual residing with a minor child may not provide services to that child.
5. Revision to the **Individual Caregiver Training and Education** service definition to provide additional clarifying information.
 - This service may not be provided to participants at the same time of day as:
 - Adult Day Health,
 - Day Supports,
 - Home and Community Supports,

- Personal Care,
 - Supported Employment, or Specialized Consultative Therapy,
 - Crisis Services,
 - Crisis Respite,
 - Respite,
 - Long Term Vocational Supports.
- The service MAY be provided to participants at the same time of day they are receiving Home Supports or Residential Supports.
6. Revision to the **Respite** service definition to provide criteria for the use of **Nursing Respite**.
 7. Revisions to the **Home Modifications** service definition and **Augmentative Communication Device** service definition to add exhaustive language and clarify limitations. Refer to the service definitions for details.
 8. Revisions to **Specialized Equipment and Supplies** to add exhaustive language and add financial limitations per year.
 9. Revision to **case management monitoring requirements**. The current requirement for monthly face to face monitoring of the participant has changed to quarterly face to face (or more frequently based on the needs of the participant) monitoring. The implementation of this change is effective immediately.

Clinical Policy

- The Clinical Policy, the Comprehensive Waiver Manual and the Supports Waiver Manual are located at: <http://www.ncdhhs.gov/mhddsas/cap-mrdd/index.htm>.

Implementation Plan for the CAP-MR/DD Clinical Policy, CAP MR/DD Comprehensive Waiver and Supports Waiver Manuals and Technical Amendment Number One

- The new policies contained in this Implementation Update (inclusive of the Clinical Policy) will be effective February 1, 2011 unless otherwise noted.
- Refer to Implementation Update #76 for complete information <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>

Direct Billing for Intellectual and Developmental Disabilities Targeted Case Management Providers

- To ensure cash flow for Developmental Disabilities Targeted Case Management providers, providers must continue to bill through the Local Management Entities until August 1, 2010.

Update on New Prior Authorization Guidelines for Outpatient Behavioral Health Service Providers, Provisionally Licensed Providers Billing “Incident to” a Physician or through the Local Management Entity, and Critical Access Behavioral Health Agencies

- Guidelines for billing services “incident to” have been issued.

Outpatient Services Provided in a Critical Access Health Agency (CABHA)

- For outpatient services, directly enrolled providers operating under a Critical Access Behavioral Health Agency are required to submit a new request for prior approval to ValueOptions service for any recipient that will now be seen under a Critical Access Behavioral Health Agency. Again, these new authorizations will only be required for “Critical Access Behavioral Health Agency” clients.
- Provisionally licensed providers providing services under a Critical Access Behavioral Health Agency **must bill ‘incident to’ a physician in the Critical Access Behavioral Health Agency.** [Note: this policy change has generated considerable concern and is being revisited.]

Critical Access Behavioral Health Agency Transition Updates

- Several Critical Access Behavioral Health Agencies have completed the Medicaid enrollment process and may begin billing with the National Provider Identifier associated with the Critical Access Behavioral Health Agency on July 1, 2010. Critical Access Behavioral Health Agencies can continue to bill with current National Provider Identifier numbers for outpatient and enhanced services until they receive their Medicaid Provider Number.
- Providers do not need to request a new authorization for an enhanced service that will now be delivered under a Critical Access Behavioral Health Agency. All current authorizations for enhanced services will remain valid. When it is time for a new authorization for an enhanced service, Critical Access Behavioral Health Agencies should submit requests for all enhanced services with the current Medicaid Provider Number of the enhanced service.
- As Critical Access Behavioral Health Agencies are enrolled, HP Enterprise Services will be contacting providers to schedule conference calls to discuss billing guidelines. As more agencies enroll, seminars will be conducted to assist the Critical Access Behavioral Health Agency community.
- As a reminder, claims for all Critical Access Behavioral Health Agencies enhanced and outpatient services will be billed using the professional claim (CMS-1500/837P) format.
- Medicaid claims questions may be directed to HP Enterprise Services, 1-800-688-6696.

Critical Access Behavioral Health Agency

- As of the date of this Implementation Update, the order of the activities which make up the process for completing Critical Access Behavioral Health Agency certification is changed. The process will be completed in this order:
 1. Desk review
 2. Interview
 3. Verification review
- For additional information, refer to Implementation Update #76.

Medicaid Enrollment for Critical Access Behavioral Health Agency

- Critical Access Behavioral Health Agency applicants that are endorsed for the services that make up their continuum but have not had a response to their application(s) for enrollment for one or both of their continuum services, or for core services, must contact CVS EVC Call Center at 866-844-1113 or email NCMedicaid@csc.com.

Incident Response and Improvement System (IRIS)

- As originally communicated in Implementation Update #72, effective July 1, 2010, all Mental Health, Developmental Disabilities and Substance Abuse Services providers who are required to participate in the Department of Health and Human Services incident reporting system are required to use North Carolina Incident Response Improvement System for Level II and III incident submission.
- Providers should contact their Local Management Entity if they have questions about using this new system.
- The *Incident Response Improvement System Technical Manual* is located on the Division of Mental Health, Developmental Disabilities and Substance Abuse Services website at <http://www.ncdhhs.gov/mhddsas/statspublications/index.htm>. Click on *Manuals*, scroll down to *Incident Response System* then click on *IRIS Technical Manual*.

Community Support Team Providers

- As you were informed in Implementation Updates #63 and #65 and Medicaid Bulletins posted in November and December 2009, the Division of Medical Assistance is engaged in the re-verification of Notifications of Endorsement Actions (NEA) letters for Community Intervention Services and specifically for providers of Community Support Team (CST).
- This process is now complete and new provider enrollment numbers have been issued for Community Support Team.

Unless noted otherwise, please email any questions related to this Implementation Update Summary to ContactDMH@dhhs.nc.gov.