



North Carolina Department of Health and Human Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
3001 Mail Services Center
Raleigh, North Carolina 27699-3001
Tel 919-733-7011 Fax 919-508-0951
Courtney M. Cantrell, Ph.D.
Director

Division of Medical Assistance
2501 Mail Services Center
Raleigh, North Carolina 27699-2501
Tel 919-855-4100 Fax 919-733-6608
Dave Richard
Deputy Secretary of Medical Assistance

LME-MCO Communication Bulletin #J150

Date: July 22, 2015

To: LME-MCOs

From: Deb Goda, IDD Clinical Policy Manager, Behavioral Health Section, DMA and Mabel McGlothlen, LME System Performance Team Leader, DMH/DD/SAS

Subject: NC Innovations Guidance for the LME-MCOs

The purpose of this bulletin is to provide guidance to the LME-MCOs regarding the duration of authorization periods, the Support Needs Matrix Base Budget, and the status of online materials and resources for the NC Innovations Waiver.

1. Services authorized pursuant to the NC Innovations Waiver are typically authorized for a duration of one year unless: 1) a medical or clinical necessity review determines a duration of less than year; or 2) the NC Innovations Waiver specifies a maximum benefit duration of less than one year (for example, the NC Innovations Waiver limits the authorization of In Home Intensive Supports to no more than 90 days); or 3) the service is requested by the enrollee for a duration of less than one year. LME-MCOs may not otherwise impose a duration limit on a particular waiver service that is not established in the NC Innovations Waiver, or otherwise provided by Federal or state law.

If a service is authorized for a duration that is less than as requested by the participant/enrollee and less than the Waiver maximum duration, the LME-MCO must issue written notice with appeal rights. The written notice must include the clinical reasons for the limited authorization.

2. The Support Needs Matrix Base Budget is referenced in both the NC Innovations Waiver and Clinical Coverage Policy No.: 8-P: <http://www2.ncdhhs.gov/dma/mp/8P.pdf> . Both documents contain language similar to the following with respect to several waiver services: "The amount of services is subject to the amount of the beneficiary's Support Need Matrix Category Budget if currently phased into the Support Needs

Matrix.” Such language is not intended to limit the amount of services that can be requested or authorized. The Base Budget is a guideline that does not constitute a binding limit on the amount of services that may be requested or authorized in a NC Innovation Waiver participant’s Plan of Care. A participant may always request services in excess of the SNM Base Budget. If all criteria to receive a service are met and the LME-MCO determines that the service is medically necessary, then the service must be authorized regardless of the enrollee’s Base Budget.

3. The current versions of NC Innovations Waiver manuals, policies and forms can be found online at the NC DHHS website. From time to time, documents or links will be removed from the website. Please do not rely on versions that have been removed or are out of date.

If you have questions, please contact Deb Goda at 919-855-4297 or by email at deborah.goda@dhhs.nc.gov .

Previous bulletins can be accessed at: <http://jtcommunicationbulletins.ncdhhs.gov/>

Cc: Dave Richard, DMA
Dale Armstrong, DHHS
DMA Leadership Team
DMH/DD/SAS Leadership Team
Mary Hooper, NCCCP