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Steven Jordan, Director

March 1, 2011

MEMORANDUM

TO: All Interested Parties
FROM: Steven Jordan *SJ*
SUBJECT: Summary Version of Implementation Update #85

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.

Implementation of the National Correct Coding Initiative

- The National Correct Coding Initiative (NCCI) was developed by the Centers for Medicare and Medicaid (CMS) to prevent improper payments when a provider would submit incorrect code combinations or to avoid payments of units of service that are medically unlikely to be correct.
- The requirement from Centers for Medicare and Medicaid through the Affordable Care Act (ACA) is for all state Medicaid programs to be compliant with National Correct Coding Initiative in claims processing by March 31, 2011.
- National Correct Coding Initiative edits supersede the Medicaid State Plan, all N.C. Medicaid policies, bulletin articles, and other previous guidance provided on procedure-to-procedure and units-of-service edits.
- The Division of Medical Assistance (DMA) will continue to publish updates through the Medicaid Bulletin when the National Correct Coding Initiative system and other correct coding edits are slated for implementation.
- Additional information is also available on the Division of Medical Assistance National Correct Coding Initiative web page (<http://www.ncdhhs.gov/dma/provider/ncci.htm>) and the Centers for Medicare and Medicaid website at <http://www.cms.gov/MedicaidNCCICoding/>.

Critical Access Behavioral Health Agencies: Electronic Commerce Requirements for Billing

- This article serves as a reminder to Critical Access Behavioral Health Agencies that once you have completed the Medicaid provider enrollment process and received your Critical Access Behavioral Health Agency Medicaid Provider Number you must complete and submit an **Electronic Funds Transfer (EFT) Authorization Agreement for Automatic Deposits** to initiate the process for electronic payment of claims billed with the National Provider Identifier (NPI) associated with your Critical Access Behavioral Health Agency Medicaid Provider Number.



- For additional information, please review the full version of Implementation Update #85 at <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>.

Authorization and Billing for Services after Critical Access Behavioral Health Agency Certification but Prior to Enrollment

- Once a provider becomes Critical Access Behavioral Health Agency -certified and has submitted their Medicaid enrollment application but has not yet received their Critical Access Behavioral Health Agency Medicaid number, **at their own risk**, they may choose to begin providing services.
- On the enrollment application they would list a date for enrollment to begin (this date can be the date of certification or a later date of the provider's choosing).
- If the provider does not choose a date of enrollment, CSC will choose the date the enrollment application is received.
- Upon receiving the Critical Access Behavioral Health Agency Medicaid Provider Number, they could submit requests for authorization to the Utilization Review vendor for dates with a start date for the authorization that must not be before the enrollment date.
- Any requests for authorization for services that took place prior to receiving the Critical Access Behavioral Health Agency Medicaid Provider Number should include the enrollment letter from CSC.
- In this process, providers run the risk that the Utilization Review vendor may not approve services as medically necessary or that an issue could arise in the enrollment process.
- Certification does not necessarily guarantee enrollment.
- Once a provider receives the authorization (but not before) they may submit claims for services rendered during that time period after certification but prior to enrollment.

Clarification to Critical Access Behavioral Health Agency Certification and Endorsement for Community Support Team, Intensive In-Home, and Child and Adolescent Day Treatment Services after January 1, 2011

- This article is reprinted from the January 2011 Medicaid Bulletin with clarifications on the process for certification and endorsement (and endorsement renewal) of Community Support Team (CST), Intensive In-Home (IIH), or Child and Adolescent Day Treatment (DT) services.
- Providers who want to become a Critical Access Behavioral Health Agency after January 1, 2011, will follow the steps detailed in 10A NCAC 22P.0101 through .0603 [found on the Office of Administrative Hearings (OAH) website at <http://www.oah.state.nc.us/rules>].
- These steps include:
 - submitting a letter of attestation (see Implementation Update #75 for information on this process), which must include evidence of the three core services (Comprehensive Clinical Assessment, Medication Management, and Outpatient Behavioral Health Therapy),
 - two endorsed enhanced services to create an age and disability specific continuum,
 - key leadership positions (medical director, clinical director, quality management/training director), 3-year national accreditation, etc.
 - If, during a desk review, the attestation packet is found to be complete, the next step is the clinical interview followed by an on-site verification.
- For additional information, please review the full version of Implementation Update #85 at <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>.

Endorsement Triple Time Frames

- This is to clarify that with the implementation of the new Endorsement Policy on January 1, 2011, the triple time frames outlined in Implementation Update #62 no longer apply.



Critical Access Behavioral Health Agencies Changes of Ownership, Mergers, and Acquisitions

- Critical Access Behavioral Health Agencies must notify N.C. Medicaid when acquiring a Community Intervention Agency's services.
- The Critical Access Behavioral Health Agencies must also notify the Local Management Entities in the counties impacted by the change in ownership.
- The acquisition of a non- Critical Access Behavioral Health Agencies Community Intervention Service Agency is a two-step process.
 - The first step is for the Critical Access Behavioral Health Agency to complete a new enrollment application and indicate that it is being submitted due to a change of ownership.
 - The second step is to complete a Critical Access Behavioral Health Agency Addendum to Add Services to affiliate the Community Intervention Services with the Critical Access Behavioral Health Agency.
- The Critical Access Behavioral Health Agency will be notified once the change of ownership (enrollment) process is completed. The notification will include a new Community Intervention core service Medicaid Provider Number and a new Medicaid Provider Number for each of the Community Intervention Services that the Critical Access Behavioral Health Agency is acquiring and has been endorsed to provide.

Billing Core Services "Incident To" the Medical Director or Other Critical Access Behavioral Health Agency Physician

- Physician assistants, direct-enrolled licensed behavioral health professionals (per Division of Medical Assistance Clinical Coverage Policy 8C) and provisionally licensed professionals providing any of the Critical Access Behavioral Health Agency core services (comprehensive clinical assessments, outpatient therapy, medication management) within their scope of practice may render the service "incident to" a physician.
- For additional information, please review the full version of Implementation Update #85 at <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>

Revision to Child/Adolescent Discharge/Transition Plan for Level III and IV Child Residential Services

- Effective February 2011, the System of Care Coordinator (SOC) is required to sign all plans signifying receipt and review regardless of whether the System of Care Coordinator agrees with the plan; however, checkboxes have been added to allow the System of Care Coordinator to note whether they agree or disagree with the plan that has been developed.
- The SOC does not authorize services and the utilization review vendor still reviews for medical necessity.
- As a reminder, SECTION 10.68.A.(a)(7)(b) (d)(e)(f) notes for all new admissions to Level III and IV child residential services, length of stay is limited to no more than 120 days. [Note: For recipients under the age of 21, services may be requested even if they do not appear in the N.C State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.]
- All new admission and concurrent requests for Level III and IV child residential services must include a Child/Adolescent Discharge/Transition Plan in order for the request to be considered complete.
- Failure to submit a complete discharge plan will result in the request being returned as "Unable to Process."



Frequently Asked Questions Regarding the Implementation of Multisystemic Therapy

Question #1

Is a full-time (1.0 FTE) Multisystemic Therapy supervisor required for each Multisystemic Therapy team?

Answer #1

Yes, the current definition is based on one FTE for the supervisor in Multisystemic Therapy. This is different from what is published by Multisystemic Therapy Inc. but reflects the current Multisystemic Therapy policy found in Clinical Coverage Policy 8A.

Question #2

The service definition requires a minimum of three (3) therapists for each Multisystemic Therapy team. Is it acceptable to have four (4) full-time (1.0 FTE) therapists on each team?

Answer #2

The definition requires four staff per team (including the supervisor) and it would be allowable to have an additional Qualified Professional but the team member to family ratio of 1:5 remains the same and the limit of 20 families per team would not change.

Six-Hour Person-Centered Thinking Mental Health/Substance Abuse Recovery Training Curriculum Elements

- The required elements for the development of a 6-hour Mental Health/Substance Abuse Person-Centered Thinking (PCT)/Recovery training may be found at: <http://www.ncdhhs.gov/mhddsas/cabha/recovpct.htm>.
- This 6-hour training can be provided to meet the 12-hour total requirement for Person-Centered Thinking for Child and Adolescent Day Treatment, Intensive In-Home, Community Support Team and Mental Health/Substance Abuse Targeted Case Management staff who have already completed the 6-hour Person-Centered Thinking training under the old requirement, per Implementation Update #82.
- All elements in the set chosen must be included in the training curriculum.
- Resources that may be used in developing training are also presented.

Medicaid Policy Updates

- *Division of Medical Assistance Clinical Coverage Policy 8C* has been updated to reflect the new 16 unmanaged visits for children.
- The effective date of the policy is January 1, 2011.
- *Division of Medical Assistance Clinical Coverage Policy 8A* will be updated later this month to include the new policy for Peer Support Services and policy updates to Community Support Team, Intensive In-Home, Child and Adolescent Day Treatment, and Outpatient Opioid Treatment.
- Please see ***Section 8.0 Policy Implementation/Revision Information*** for a complete list of changes. The effective date of the policy is January 1, 2011. Both policies can be accessed at <http://www.ncdhhs.gov/dma/mp/index.htm>.

Requesting Additional Information for Prior Approval (Update)

- Periodically a provider may submit a request without sufficient clinical information for Division of Medical Assistance or the vendor to make a decision on the request.
- Medicaid's policy is that Division of Medical Assistance or the vendor must request the specific information needed in writing.



- The provider must respond to this request by submitting the needed information within 10 business days of the date of the written notice.
- There is no extension beyond the 10 business days.
- If the provider does not submit the information within 10 business days, the request is denied, and a written notice with appeal rights is generated.
- Even if the recipient files an appeal, a new request with the needed information may be submitted at any time.

CAP/MR-DD Utilization Review by Local Management Entities

- Special Implementation Update #84 and the January Medicaid Bulletin announced that utilization review for [CAP/MR-DD services](#) will be provided by Local Management Entities beginning January 20, 2011.
- Please note that fax numbers for the Local Management Entities providing these services have been updated and are as follows:

Crossroads Behavioral Health Center

Contact Number: 336-835-1000

Fax Number: 336-827-8027

Eastpointe LME

Contact number: 1-800-513-4002

Fax Number: 910-298-7194

The Durham Center

Contact number: 919-560-7100

Fax Number: 919-560-7377

Pathways LME

Contact number: 704-884-2501

Fax Number: 1-855-728-4329

Supports Intensity Scale™ Update

- In early November the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the Developmental Disabilities Training Institute welcomed Robin Snead, MSW, LCSW to the Supports Intensity Scale™ Coordinator position.
- In this position Robin provides leadership and coordination of the implementation of the Supports Intensity Scale™ (SIS) throughout North Carolina through collaboration with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and Local Management Entities.
- As North Carolina moves from the Pilot Phase to statewide implementation of the Supports Intensity Scale, Robin is involved in providing technical assistance, training and support to the Local Management Entities, case managers, and Supports Intensity Scale examiners.
- Robin is available to provide training events at the local level in order to increase the knowledge and awareness of the Supports Intensity Scale, the use of the Supports Intensity Scale in North Carolina, and the benefit of information gathered through the Supports Intensity Scale assessment for use in the Person Centered Planning process.
- To learn more about the Supports Intensity Scale or to schedule training please contact Robin at: 919-715-2774 or rsnead@email.unc.edu.



- Information about the Supports Intensity Scale™ is located on the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services website:
<http://www.ncdhhs.gov/mhddsas/sis/index.htm>

CAP-MR/DD Update: Self-Direction with the Supports Waiver

- We are pleased to announce the implementation of the Self Direction option within the CAP-MR/DD Supports Waiver.
- This is a new option available to individuals who are participants in the Supports Waiver and who choose to self-direct their waiver services and supports.
- This option is designed to provide choice to participants in managing their own waiver services and supports to live their best life.
- Based on an approved person centered plan and budget which include community-based services, supports, goods, and traditional services, participants in Self Direction will choose to direct some or all of their services.
- Additional information is being disseminated through the Local Management Entities to individuals and families who participate in the Supports Waiver as well as trainings as part of Consumer and Family Advisory Committee and community advocacy groups across the state.
- **Individuals who are interested in participating in Self-Direction should notify their Local Management Entity, as the Local Management Entity is the access point for participants/family members who are interested in learning more about Self-Direction.**
- **The Local Management Entity will provide information about what Self-Direction means and how participants become enrolled.**
- **Participants/family members, who receive funding through the CAP-MR/DD Supports Waiver, should contact their Local Management Entity for information about this new opportunity.**
- **You can also contact Susie Equez at eguez@email.unc.edu or 919-715-2774, for further information.**
- Information about Self-Direction in the CAP-MR/DD Supports Waiver can be found on the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services website at: <http://www.ncdhhs.gov/mhddsas/selfdirect/index.htm>.

Effective April 30, 2011, Local Management Entities Will No Longer Bill for T1999 Supplies for CAP MR/DD Waiver Recipients

- Effective July 1, 2010, durable medical equipment (DME) providers became eligible to enroll with Division of Medical Assistance as Community Alternatives Program (CAP) providers and bill for CAP-MR/DD waiver supplies (T1999).
- For additional information, please review the full version of Implementation Update #85 at <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>

Post-Payment Reviews by Public Consulting Group

- Since January 28, 2010, Public Consulting Group (PCG) has been assisting Division of Medical Assistance's Program Integrity, Behavioral Health Review Section, in eliminating a backlog of cases and maintaining a steady rate of case reviews, preventing a future backlog of cases.
- For additional information, please review the full version of Implementation Update #85 at <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>

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

