



North Carolina Department of Health and Human Services
Division of Medical Assistance

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Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Craig L. Gray, MD, MBA, JD, Director

September 8, 2009

Re: Adverse Changes in Medicaid Services

Dear County Director of Social Services:

The purpose of this letter is to notify the counties of a mass mailing of a recipient notice regarding adverse changes in Medicaid services. These services include Community Support Services, Community Support Teams, Level III and IV Residential Treatment Services, Case Management Services, Outpatient Specialized Therapies, Personal Care Services, and HIV Case Management. This notice will be sent throughout the month to all current Medicaid recipients. One notice will be mailed to each casehead/payee, regardless of how many cases are in EIS. The language of the notice (English or Spanish) will be determined by the language preference in EIS for the casehead. The English version is attached and a terminal message will be sent when the Spanish translation is posted.

If you have any questions regarding this information, please contact your Medicaid Program Representative.

Sincerely,

Craig L Gray, MD, MBA, JD, Director

CLG/jlb

Attachment



IMPORTANT MEDICAID INFORMATION

This notice is to tell you about changes to certain services that Medicaid may be covering for you.

Community Support Services (CSS) – Child and Adult:

You or your child may be receiving this service if you or your child has a mentor, caseworker, case manager, or QP (Qualified Professional). This QP may be helping you with scheduling mental health appointments, with school meetings or with behavior problems. Please ask your QP to tell you if you have Community Support Services.

Some of the changes are:

1. Beginning October 12, 2009, people who work with you must have a college degree. This means some persons who have helped you in the past may not be able to continue to provide the service.
2. Also beginning October 12, Community Support Services will not be allowed if you or a child is receiving certain other services.

Providers will be talking with you or your child to determine whether you still need certain services or to find other services that may better meet your needs. This will happen over the next few months.

Community Support Team (CST) Adults:

This service is only for adults. We will be making changes to this service. As the changes are developed, we will publish more information. You may also contact your Community Support Team or Qualified Professional (QP) to explain these changes to you.

Level III and IV Residential Treatment Services:

Your child may be receiving this service if he or she lives in a mental health group home or mental health treatment center. Please talk with your child's QP (case manager) to see if these changes affect your family.

Children in these group homes will be coming home to their communities. Your child's case manager will discuss these changes with you in your Child and Family Team meetings. Your Local Management Entity (LME) will contact you about when this will happen.

You can begin to work with your Child and Family Team to create the best plan of treatment. Please contact your child's case manager (QP) with any questions you may have.

Case Management Services:

Recent legislation requires major changes in how case management services are provided. You do not need to take any action at this time. Your case manager will contact you with more information as the dates for changes are determined.

Outpatient Specialized Therapies:

Outpatient Specialized Services include physical therapy, occupational therapy, speech therapy and audiology services provided in all outpatient settings, such as the Health Department and Local Management Entity (LME).

Due to the need for cost savings, your provider will need to **obtain approval before** you receive these services. Your provider will be able to tell you of this change when it is made.

Personal Care Services:

All individuals requesting personal care services (PCS) will be evaluated by an agency that will determine eligibility for these services. A nurse will come to your home to evaluate how many hours of services you need and will contact your physician for a referral.

If you meet the requirements for PCS, you can select the home care agency you would like to provide the services. Home care agencies are not allowed to contact you directly about their services.

More information will be coming out in the next few months regarding specific changes and when they will happen.

HIV Case Management: Beginning October 1, 2009, there will be a monthly limit on the number of hours allowed for case management services. Recipients cannot receive more than 4 hours of HIV case management each month. If you have questions about how this limit will affect you, you may contact your HIV Case Management provider, the AIDS Care Unit at Department of Public Health at 919-715-3099 or 919-715-2197, or DMA at 919-855-4389.

The limit may not apply to individuals under age 21 as long as they meet the criteria for Early and Periodic Screening, Diagnostics, and Treatment (EPSDT). For further information about EPSDT, visit <http://www.ncdhhs.gov/dma/epsdt/epsdtpolicyinstructions.pdf>.