North Carolina Medicaid Special Bulletin

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Attention:

Providers of Mental Health, Substance Abuse and Intellectual/Developmental Disabilities Services

1915 (b)/(c) Waiver Expansion in CoastalCare

Status of 1915 (b)/(c) Medicaid Waiver Expansion in CoastalCare

Following passage of SL 2011-264, HB 916, the N.C. Department of Health and Human Services (DHHS) has been working with Local Management Entities (LMEs) across the state to implement managed behavioral healthcare under the 1915 (b)/(c) waivers. As part of that effort, DHHS has been engaged in ongoing discussions with CoastalCare to ensure that beneficiaries receive the best possible continuity of care throughout the transition to a managed care model for behavioral health services.

Based on a readiness review completed in February 2013 by Mercer Human Services Consulting, it has been determined that CoastalCare is able to go live under the 1915 (b)/(c) waiver on March 1, 2013.

CoastalCare will oversee services for beneficiaries in Brunswick, Carteret, New Hanover, Onslow and Pender counties.

Authorization of Services

Any Medicaid beneficiary currently receiving mental health (MH) and substance abuse (SA) services and CAP-I/DD waiver services will continue to be able to do so. CAP-I/DD waiver beneficiaries' services will crosswalk to NC Innovations waiver services. The crosswalk of CAP-I/DD to NC Innovations services can be found at: http://www.ncdhhs.gov/mhddsas/providers/1915bcWaiver/comparisiongrid12-11.pdf

CoastalCare will accept all existing MH, SA, and CAP-I/DD authorizations from the current DMA Utilization Review (UR) vendors (ValueOptions and Eastpointe). Providers will not need to take any action to transfer active authorizations; all existing authorizations will remain in effect.

Provider Enrollment in the CoastalCare Network

As a reminder, providers are required to enroll in the CoastalCare provider network to ensure that Medicaid services are authorized and that corresponding Medicaid claims are processed by CoastalCare.

All behavioral health services provided after March 1, 2013, should be billed to CoastalCare based on the beneficiary's county of eligibility.

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