North Carolina
Medicaid Special Bulletin

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

Local Management Entities (LMEs) – Managed Care Organizations (MCOs)

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, 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 on-going discussions with CoastalCare LME to ensure that beneficiaries in Brunswick, Carteret, New Hanover, Onslow, and Pender Counties receive the best possible continuity of care throughout the transition to a managed care model for behavioral health services.

Based on the on-going discussions between CoastalCare and DHHS, it has been determined that CoastalCare shall continue its efforts to "go live." CoastalCare has indicated to the Department in these discussions that it will be ready to "go live" on March 1, 2013. DHHS has agreed to further evaluate CoastalCare's readiness. DHHS will make final determination of oversight of 1915 b/c waiver operations for CoastalCare in mid-February.

Beneficiaries whose Medicaid eligibility is based in Brunswick, Carteret, New Hanover, Onslow, or Pender counties will continue to receive the services they are currently receiving under the CAP-I/DD waiver for the month of February, prior to transitioning to Innovations Waiver services on **March 1, 2013**.

The following guidelines describe the timelines and process for the case manager (or care coordinator) and beneficiary/family to request continued authorization for the current services.

- If the beneficiary has a current CAP I/DD plan in effect the services will continue as outlined in the plan.
- If an Individual Service Plan (ISP) – yearly Continued Needs Review (CNR) renewal – was completed to be in compliance with the transition to the Innovations Waiver and if the CNR has an effective date of **February 1, 2013** and if the CNR has been approved or is currently being reviewed by the Local Management Entity/Managed Care Organization (LME/MCO), then the care coordinator needs to update the Individual Service Plan (ISP) and budget to show one month of services under the current waiver and 11 months of services in compliance with the requirements of the Innovations Waiver.
- The LME/MCO will submit a spreadsheet to the appropriate Utilization Review (UR) Vendor (Eastpointe) for authorization requests in order to continue the previously authorized services. If the requested services are different from the previously authorized services, then the complete plan packet must be submitted to the UR Vendor for review. A complete packet includes the ISP, Risk Assessment, NC-SNAP, MR-2, CTCM forms and any additional assessments or information. This updated CNR must be submitted to the UR Vendor by **February 8, 2013. Plans will be reviewed with effective dates back to February 1, 2013.**

As a reminder, a beneficiary can submit a Plan Revision request any time a change in service or supports is needed.

Additional guidance will be published in an updated Medicaid Bulletin.