

# North Carolina Medicaid Special Bulletin

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**Attention:  
CAP-I/DD Providers, N.C. Innovations Providers, I/DD  
Targeted Case Managers**

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

**CAP I/DD Waiver Transitions in  
Mecklenburg County**

MeckLINK, which was originally expected to begin services under the Innovations Waiver on **February 1, 2013**, is now expected to begin services under the Innovations Waiver on **March 1, 2013**.

Beneficiaries whose Medicaid eligibility is based in Mecklenburg will continue to receive the services they are currently receiving under the Community Alternatives Program for Individuals with Intellectual and Developmental Disabilities (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 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 CAP I/DD waiver and 11 months of services in compliance with the requirements of the Innovations Waiver.
- The Local Management Entity-Managed Care Organization (LME-MCO) will submit a spreadsheet to the appropriate Utilization Review (UR) Vendor 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 appropriate UR Vendor by **January 28, 2013**.

As a reminder, a beneficiary can submit a Plan Revision request any time a change in service or supports is needed. A revision (authorization request), includes the Person Centered Plan (PCP) revision form with appropriate signatures, CTCM form, and updated cost summary. This Plan Revision request will be submitted to the UR Vendor (Partners Behavioral Health Management).

I/DD Targeted Case Management will remain a Medicaid-reimbursable service until the Innovations waiver goes live in Mecklenburg County.