

North Carolina
Medicaid Special Bulletin

*An Information Service of the Division of Medical
Assistance*

Please visit our Web site at www.ncdhhs.gov/dma



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**Utilization Review of CAP/MR/DD Services and
Targeted Case Management**

Attention:

Providers of CAP/MR/DD Services and Targeted Case
Management for MR/DD

Providers are responsible for informing their billing agency of information in this bulletin.
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The Division of Medical Assistance (DMA) is the N.C. Department of Health and Human Services (DHHS) agency that manages the Medicaid program in the State of North Carolina. The federal government, through the Centers for Medicare and Medicaid Services (CMS), requires that all agencies serving a Medicaid population and receiving Medicaid funds must have a utilization control program in place to monitor each recipient's/applicant's need for services. The purpose of the program is to ensure that services are appropriate to each individual's symptoms and that services are neither overutilized nor underutilized.

ValueOptions (VO) has been selected to provide Medicaid utilization review activities for mental health, designated services related to developmental disabilities, and substance abuse services. VO will also work collaboratively with DMA and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) to support the transition of review functions from the Local Management Entities (LMEs) to VO.

Beginning September 1, 2006, VO will authorize MR/DD services for all recipients **except** for those Medicaid recipients who reside in the Piedmont catchment area (Cabarrus, Davidson, Rowan, Stanly, and Union counties) and in Durham County. This includes Targeted Case Management (TCM) services and, for recipients participating in the CAP-MR/DD Waiver, authorization of services on the initial plans of care (POC) as well as performance of the Continued Need Review (CNR).

Contacting VO

The phone number for VO is 1-888-510-1150 and the fax number is 919-941-0433. Providers can access VO's Web site at <http://www.valueoptions.com>. Click on "For Providers," then "Network Specific Info," and then the North Carolina Medicaid link.

The MR2 for all potential waiver recipients will continue to be sent to the Murdoch Center for initial level of care determination. Currently, the LME is required to send in the MR2 and has to sign off on it before it goes to Murdoch for initial review of level of care determination. This will continue. All MR2s will be forwarded to VO for filing and will be matched with the initial plan of care or the CNR plan submitted by the agency performing TCM. VO will then review and enter results into the EDS system. A copy of the plan of care or CNR also must be sent to the LME responsible for the catchment area of the recipient for registering and monitoring purposes.

In addition to the POC or the CNR, the following services require prior authorization:

CAP-MR/DD Waiver Codes Requiring Prior Authorization

T2021	Day Supports – Individual
T2021 HQ	Day Supports – Group
T1005	Enhanced Respite Care
H2015	Home & Community Supports – Individual
H2015 HQ	Home & Community Supports – Group
S5125	Personal Care Services
T1019	Enhanced Personal Care
H2016	Residential Supports Level I
T2014	Residential Supports Level II
T2020	Residential Supports Level III
H2016 HI	Residential Supports Level IV
T1005 TE	Respite Care – LPN
T1005 TD	Respite Care – RN
H0045	Respite Institutional
S5150 HQ	Respite Non-Institutional – Group
S5150	Respite Non-Institutional – Individual
H2015 HQ	Supported Employment – Group
H2025	Supported Employment – Individual

These services will be reviewed at the time of the initial POC or the CNR if the dates of these reviews fall within the time period of September 1, 2006, to January 1, 2007. If the CNR is not due by January 1, 2007, prior authorization must be requested for the services listed above.

It is the provider’s responsibility to obtain prior authorization for these discrete services prior to the expiration of the last authorization. Forms to request this approval can be found on the VO Web site.

Detailed information regarding the waiver processes and procedures and waiver service definitions can be found in the CAP-MR /DD Manual on the DMH/DD/SAS Web site at <http://www.ncdhhs.gov/mhddsas/developmentaldisabilities/operations/index.htm>.

TCM services will also be subject to prior authorization beginning with date of service September 1, 2006. This is a separate authorization. TCM agencies must submit a request for the number of units projected to be needed per recipient for a 90-day period. Forms for these requests will be posted on

the VO Web site. It will be the TCM's responsibility to ensure that the POC and CNR are submitted to VO at the appropriate time.

Early and Periodic Screening, Diagnostic, and Treatment

Early and
Periodic

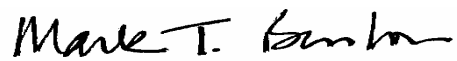
Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. While there is no requirement that the service, product, or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. §1396d(a). Service limitations on scope, amount, or frequency described in this coverage policy do not apply if the product, service, or procedure is medically necessary.

While waiver services are not subject to EPSDT reviews, any other State Plan services, including TCM, used with waiver services that are necessary to correct or ameliorate will be subject to EPSDT for children under the age of 21.

EPSDT reviews will be conducted for requests for services beyond the scope of the implied limitation of a service for recipients under the age of 21. Requests are sent to the DMA's Assistant Director for Clinical Policy and Programs and forwarded to VO, as appropriate.

The DMA's policy instructions pertaining to EPSDT are available online at <http://www.ncdhhs.gov/dma/prov.htm>.

Refer to the clinical coverage policies for behavioral health services on DMA's Web site at <http://www.ncdhhs.gov/dma/mp/mpindex.htm> for additional information on service requirements, limitations to service, and billing guidelines.



Mark T. Benton, Senior Deputy Director
and Chief Operating Officer
Division of Medical Assistance
Department of Health and Human Services



Cheryll Collier
Executive Director
EDS
