



## Clinical Communication Bulletin 006

To: All Members, Stakeholders, and Providers

From: Cham Trowell UM Director

Date: January, 12, 2016

Subject: Updates related to Medicaid (B) (3) and State Plan Benefits and Service Orders

### Updates to the Medicaid (b) (3) Benefit Plan

Effective immediately, Trillium Health Resources will open new admissions to all B3 services for Medicaid eligible enrollees who meet the established criteria for the service. The service array for this plan includes the following services:

- Respite Individual, Group, Crisis (Child MH/SA)
- Supported Employment/Long Term Vocational Support (Adult MH)
- Physician Consultation (Child MH, Adult MH)
- Peer Support Individual and Group (Adult MH)
- Individual Supports (Adult MH)

As a reminder, **Medicaid (b) (3)** plan services are approved by the federal Centers for Medicare and Medicaid Services (CMS), are only available to Medicaid recipients, but are **not** an entitlement. Medicaid( b)(3) services are subject to Medicaid due process and appeal rights in the same manner as other Medicaid services provided under the waiver. Medicaid due process and appeal rights must be provided to Medicaid beneficiaries when there is a denial or limited authorization, reduction, suspension, or termination of a previously authorized 1915(b) (3) service based on medical necessity criteria. LME-MCOs receive a separate 1915(b) (3) capitation rate. Total expenditures on 1915(b) (3) services cannot exceed the resources available. 1915(b) (3) services that are denied based on total LME-MCO expenditures meeting or exceeding the resources available are subject to the grievance process.

## **Updates to State Benefit Plan**

Effective immediately, Trillium Health Resources will open state funded Supported Employment Admissions for those providers that meet model fidelity. Currently the providers that meet model fidelity include Nu Visions, RHA Howell Physician's Alliance and LeChris.

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) revised the Individual Supported Employment (YP630) with Mental Health/Substance Abuse Long Term Vocational Supports (MH/SA LTVS) for individuals (YM645) definition recently. The new service definition is based on the Individual Placement Support-Supported Employment (IPS-SE) Evidence Based Practice (EBP), developed by Dartmouth, and the requirements set forth in the Transitions to Community Living Initiative (TCLI) as implementation of the agreement with the Department of Justice (DOJ), on 8/23/12.

This definition supersedes all former guidance around SE/LTVS for MH/SA service and training (including any implementation updates.)

The new services definition IPS-SE for Adult Mental Health /Adult Substance Abuse (AMH/ASA) (YP630), implementation date is 1/1/16. Individual Supported Employment (YP630) with MH/SA LTVS for individuals (YM645) will end 12-31-15. Please visit the following website for more details.

<http://www.ncdhhs.gov/providers/provider-info/mental-health/service-definitions>

As a reminder, State services plan are also not an entitlement. Consumers who are not eligible for Medicaid or who do not have other third party insurance may receive state behavioral health services if they meet medical necessity criteria and if funding is available. State services are prioritized for those individuals with the highest needs for services and for whom no other insurance coverage exists to pay for behavioral health services. State funding is not available for consumers who have coverage for behavioral healthcare services, but whose insurance does not cover a particular service

Effective immediately state funded ACTT is open to new admissions that meet medical necessity. All state funded consumers without other insurance coverage. All admissions should apply for Medicaid benefits within the first 30 days of authorization of ACTT when using state funds. Most consumers who receive ACTT will meet eligibility for Medicaid or Medicare benefits.

Effective immediately state funded MST is open to new admissions.

### **Service Orders**

Clinical Coverage Policy No. 8C, Outpatient Behavioral Health Services, was amended on 10/1/2015. Please note Subsection 5.2.2 which allows for fully licensed providers signature on their treatment plan to serve as an order for service. A service order by a Physician, Licensed Psychologist, Nurse Practitioner or Physician Assistant is still required for Associate Level Professionals. This change applies to treatment plans for Medicaid and State Funded Mental Health and Substance Use Outpatient services. Enhanced services, Clinical Coverage Policy No: 8-A, will continue to require all Medicaid and State Funded services to be ordered by a licensed physician, licensed psychologist, physician assistant or licensed nurse practitioner ( refer to Clinical Communication Bulletin 003 ).

Questions regarding this Clinical Communication Bulletin may be sent to:

[UM@trilliumnc.org](mailto:UM@trilliumnc.org) all questions will be responded to in a FAQ document that will be posted monthly on the Trillium website.

