



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

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June 11, 2014

To: Joint Legislative Oversight Committee Members on HHS
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Advocacy Organizations and Groups
NC Association of County Commissioners
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NC Council of Community Programs
State Facility Directors
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Provider Organizations
MH/DD/SAS Professional Organizations and Groups
MH/DD/SAS Stakeholder Organizations and Groups
NC Association of County DSS Directors

From: Courtney M. Cantrell 
Communication Bulletin #142



Benefit Plan Streamlining Implementation

In response to LME-MCO requests for a reduction in the administrative requirements of the submission of Federal claims and State shadow claims, the Division is implementing a number of changes in SFY15. LME-MCO input through the Standardization Committee, our meeting at the Council and this week by email are greatly appreciated. The following changes go into effect 8/1/2014:

- The number of Benefit Plans is reduced from thirty-five to ten.
- The following policy goes into effect:
 - The LME-MCO authorization and claims adjudication process must ensure that consumers who receive State/Federal funded services meet the eligibility criteria of the Service Definition or the Benefit Plan, whichever is strictest. The LME-MCO must maintain documentation to support this determination, and make it available to the Division or its agents upon request.
- Benefit Plan eligibility may be determined through a semi-automated process for five Benefit Plans: AMI, CMSED, ASTER, CSSAD and GAP.
- The remaining Benefit Plans (ASWOM, ASCDR, ADSN, CDSN, and AMVET) must continue to be determined individually, as they require review of several individual and clinical characteristics beyond the primary diagnosis and age group.
- LME-MCOs may choose the end date for Benefit Plans consistent with their policies and procedures.

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Attached you will find the documentation of the DMHDDSAS unit cost reimbursement system that implements these changes. Included are:

- Benefit Plan Streamlining Overview
- Benefit Plan Eligibility Criteria
- Benefit Plan Diagnosis Array
- Service Array
- Benefit Plan Concurrency Table
- Benefit Plan Hierarchy
- Benefit Plan Streamlining Q&A (which responds to recent questions from LME-MCOs)

These documents and additional documentation on the Budget Criteria will be posted on the Division website under NCTRACKS closer to the beginning of the fiscal year.

The Benefit Plans that are expiring will be end-dated effective July 31, 2014 dates of service. Any consumers actively receiving services who are in these Benefit Plans only (and not in one of the remaining plans) will need to be switched to one of the remaining plans by this date. This is consistent with the August 1, 2014 implementation date for the DSM-5 diagnostic criteria, as stated in Communication Bulletin # 141 dated April 16, 2014. **Inclusion in DMHDDSAS Benefit Plans after July 31, 2014 shall be based on the covered DSM-5 diagnoses and eligibility criteria listed in the attached documents. ICD-9 diagnosis codes covered in FY14 (see the last tab in the attached Diagnosis Array workbook) will continue to be allowed for claims adjudication in NCTRACKS through the end of FY15, for the Benefit Plans that are not expiring.**

LME-MCO Directors requested that the I/DD Benefit Plans (ADSN and CDSN) be allowed to be determined through a semi-automated process. However, this is not possible because inclusion in the I/DD benefit plans involves assessment of the intellectual and adaptive functioning of the individual. This must be determined by Psychologists or Licensed Psychological Associates through a standardized IQ test and an adaptive behavior assessment. In order to ensure the integrity of the determination, LME-MCOs need to continue clinical review of documentation to ensure individuals meet statutory criteria for inclusion in the I/DD benefit plans. This is a part of the LME-MCO's proactive management of their waitlist for I/DD services.

Policy questions regarding these changes should be directed to Spencer Clark at spencer.clark@dhhs.nc.gov. Technical questions should be emailed to NCTracks.ganda@lists.ncmail.net.

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