North Carolina Department of Health and Human Services

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September 1, 2006

MEMORANDUM

To: **County Director of Social Services**

Attention: **Children's Services Supervisors**
Children's Services Social Workers
LME Access Unit
LME Provider Relations Unit
LME Customer Services Unit

From: **Esther High, Acting Chief of Family Support and Child Welfare Services Section**
Division of Social Services

Michael Lancaster, MD, Chief of Clinical Policy
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Effective Date: **Immediately**

Subject: **Mental Health and Substance Abuse Services for Children in Foster Care**

This memo is to inform Child Welfare staff of procedures for obtaining mental health, developmental disability and/or substance abuse services for children in custody of county departments of social services. Many of the children who enter child welfare are likely to benefit from such services. Some services can be accessed without going through the Local Management Entity (LME) if the child is Medicaid eligible. Others require coordination with the LME.

Medicaid eligible recipients are eligible for "Basic Benefits", which include outpatient behavioral health services provided by direct enrolled providers. Outpatient behavioral health services include assessment, treatment, family therapy, and psychological testing for children with mental health, developmental disabilities and/or substance abuse needs. Medicaid recipients under the age of 21 require a referral by a Carolina ACCESS primary care provider, the local management entity (LME), or a Medicaid enrolled psychiatrist. Referrals may be made by

telephone, fax or in writing to the qualified behavioral health provider.

Eligible children are allowed 26 unmanaged visits per calendar year. Visits beyond 26 require prior authorization by Value Options, a statewide vendor under contract to the Division of Medical Assistance. Direct enrolled providers may include physicians, licensed doctorate level psychologists, licensed psychological associates (LPA), licensed professional counselors (LPC), licensed marriage and family therapists (LMFT), licensed clinical social workers (LCSW), nurse practitioners, clinical nurse specialist, certified clinical supervisors and certified clinical addictions specialists. The Division of Medical Assistance's clinical coverage policy regarding outpatient behavioral health services can be found at http://www.dhhs.state.nc.us/dma/bh/8C.pdf. In addition, there are Medicaid Special Bulletins regarding outpatient behavioral health services that can be found on the Division of Medical Assistance website at http://www.dhhs.state.nc.us/dma/bulletin.htm.

Since all children entering foster care are required to have a physical examination, this would be an appropriate time to screen for behavioral health needs and secure any necessary referrals for services. The county DSS worker should discuss with the primary care provider the need for outpatient behavioral health services and jointly determine to whom any needed referral should be made. Consideration should be given to the child's age, gender and type of treatment interventions needed in order to build on the strengths and meet the needs of the child and family. A referral may be made to any direct enrolled provider as listed in the above paragraph. Although a referral for outpatient behavioral health services may be made at any time, the initial physical examination represents an ideal opportunity to access needed services as quickly as possible. County Departments of Social Services should be knowledgeable about the providers in their county in order to insure that appropriate referrals are made. A list of direct enrolled providers can be found on the Division of Medical Assistance web site at http://www.dhhs.state.nc.us/dma/mh_prov_list.xls or http://www.dhhs.state.nc.us/dma/mhprovlist.pdf.

As stated above, when a referral for outpatient therapy is made by the primary care provider, no other authorization is required for the first 26 visits. Though you may secure a referral through the LME, there is no requirement to do so. The Screening, Triage and Referral (STR) protocol will be used by the LME and behavioral health providers to determine the nature of referral and immediacy of care needed and can be used to inform referrals made.
http://www.ncdhhs.gov/mhddsas/servicedefinitions/updates/dmadmh8-10-06update14.pdf
http://www.ncdhhs.gov/mhddsas/servicedefinitions/updates/dmadmh14-str-registrationform8-10-06sss.doc

If a child or adolescent has been receiving outpatient behavioral health services prior to entering child welfare, those services should continue and be coordinated with the primary care physician and/or referring medical provider.

If a child or adolescent has been receiving more than basic outpatient mental health, developmental disability and/or substance abuse services prior to entering child welfare, a Person Centered Plan developed by a child and family team will be in place and these services should continue.
http://www.dhhs.state.nc.us/mhddsas/servicedefinitions/updates/dmadmhupdate4-28-06update8.pdf .
http://www.dhhs.state.nc.us/mhddsas/childandfamily/pdf/soc-parentshandbook.pdf.
In addition, a community support or other "clinical home" service provider should also be in place to coordinate with the family/legal guardian the treatment goals, services and supports that have been authorized in the person centered plan. Information on community support and other new and modified Medicaid service definitions can be found at http://www.dhhs.state.nc.us/mhddsas/servicedefinitions/servdef3-27-06rev.pdf . For children with developmental disabilities needs only, a case manager should be in place to assist. Information on case management services for children with developmental disabilities can be found at
http://www.dhhs.state.nc.us/dma/bulletin/DDTargetedCaseMgmt.pdf .

If services need to be accessed within 24-48 hours, child welfare staff should refer to the LMEs in order to access the necessary urgent or emergent services. A referral for services to meet routine needs should occur within 7 days.

Continuity of coordinated care improves outcomes. Critical to continuity of care is the coordination that must occur among the child welfare worker, MH/DD/SA service providers, the child's physical healthcare provider and the LME.

If you have any questions, please feel free to contact Thomas Smith at (919) 733-9465 or at thomas.smith@ncmail.net with NC DSS or Susan E. Robinson at (919) 715-5989 x 228 or at susan.robinson@ncmail.net with NC DMHDDSAS.

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