NC DMHDDSAS - FY22 Benefit Plan Eligibility Criteria

Revised 7/1/2021 **7/1/2021 version**

1. Client Eligibility Criteria for each Benefit Plan are found below.
2. For Diagnostic Criteria, see **Benefit Plan Diagnosis Array**.
3. For covered services, see the **Service Array**.
4. See **Budget Criteria** for rules regarding reimbursement with Federal Block Grant Funds.
5. Concurrency is allowed for more than one Benefit Plan, except for GAP and AMVET Benefit Plans.
6. **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.** LME-MCOs are responsible for ensuring Providers are eligible to provide services reimbursed with State/Federal Block Grant funds. LME-MCOs are further responsible for ensuring services are delivered in accordance with Service Definition requirements and client eligibility requirements. The methodology utilized by the LME-MCO can include a combination of contractual, authorization and claims adjudication procedures, and must be documented and auditable.
7. Tobacco Cessation Counseling (procedure codes 99406 and 99409) may be provided to any individual with tobacco use or tobacco withdrawal disorders as long as they are enrolled in one of the current DMHDDSAS Benefit Plans (other than GAP and AMTCL) and have received a service other than 99406 or 99407 in the previous 12 months.
8. For performance measurement purposes, County-funded services which meet all the criteria for State funding (client eligibility, service definition requirements, and provider eligibility) may be billed under the appropriate Benefit Plan, as long as:
    - County Maintenance of Effort (MOE) is not reduced; that is, the annual amount of MHDDSA services reimbursed with County funds is not reduced from prior year expenditures.
    - It is understood that Single Stream "earnings" in excess of State Allocations does not imply an obligation that the State will reimburse the overage.
9. Eligibility criteria for the Benefit Plans are broad. Therefore, LME-MCOs shall ensure that limited resources are utilized for **Federal and State** priority populations within each Benefit Plan. (Reference: 122C-143.1) Priority populations include:

Adult MH Priority Populations	**Child MH Priority Populations**
Individuals at risk of harming self or others	Individuals at risk of harming self or others
High Risk individuals (>3 crisis and/or inpatient events in 12 months)	High Risk individuals (>2 crisis, inpatient events in 12 months)
Individuals with Severe and Persistent Mental Illness, not stable	Youth who experience first episode psychosis
Individuals with co-occurring MI/SU or MI/DD	Individuals with co-occurring MI/SU or MI/DD
Homeless or at risk of homelessness	Homeless or at risk of homelessness
Individuals with TBI	Individuals with TBI
Criminal or justice system involved	Criminal or juvenile justice system involved
Deaf and hard of hearing	Deaf and hard of hearing
Veterans	Dept. of Social Services involved
Individuals with complex medical disorders	Individuals with complex medical disorders
DOJ settlement agreement involvement	Individuals living with an adult with MI or SUD

SUD Priority Populations (Adult & Child)	IDD Priority Populations (Adult & Child)
Pregnant women who inject drugs	Homeless or at risk of homelessness
Pregnant women who use alcohol and/or other drugs	Individuals at risk of abuse, neglect or exploitation
Individuals who inject drugs	Individuals transitioning from institutions & residential placements
Dept. of Social Services involved (1)	Deaf and hard of hearing
Opioid Use	Individuals transitioning from school
Communicable Disease Risk/HIV	Individuals with complex medical disorders
Criminal or juvenile justice involved	
Deaf and hard of hearing	
Veterans	
Individuals with complex medical disorders	

(1) DSS involved adults include individuals receiving WorkFirst cash assistance, individuals who are involved with Child Protective services or individuals who have been convicted of a Class H or I controlled substance felony in NC and who are applicants for or recipients of Food Stamps.

BENEFIT PLAN LIST

Generic Assessment Payment (GAP)

Persons who:

1. are seeking or needing services for a current Mental Health, Substance Use or Intellectual/Developmental Disability problem or symptom,

AND

2. have been determined by the provider not to be eligible for any other MH, DD, or SA Benefit Plan,

AND

3. have been determined not to be eligible for Medicaid services.

The purpose of the Generic Assessment Payment Benefit Plan is to provide a mechanism to reimburse a provider for a single service or assessment event that has been provided to an individual, but for whom the provider determines that the individual does not meet eligibility requirements for any other Benefit Plan or for Medicaid services.

- Services include up to two periodic service events (assessments) within the fiscal year, after which eligibility for enrollment in another Benefit Plan category would be required.
- Concurrency with other Benefit Plans it not allowed.
- Eligibility for this Benefit Plan is limited to a maximum of 60 days.

All Military Veterans and Family (AMVET)

A Veteran (Military Service Member), as defined below, or an Adult or Dependent Child Family Member of a designated Veteran (also defined below), who:

1. The presence of a diagnosable mental, behavioral, or emotional disturbance that meets diagnostic criteria specified in the Benefit Plan Diagnosis Array,

AND

2. has been determined **not** to be eligible for any other Adult or Child MH, DD, or SA Benefit Plan

AND

3. has been determined
    a. not to be eligible for presenting diagnosis(es) for medically necessary service(s) under any program directly or indirectly provided or sponsored by the Department of Veterans Affairs, the CHAMPVA Program, the Department of Defense TRICARE Program, or any other public or private health insurance program **OR**
    b. the individual is eligible but has exhausted or has inadequate services coverage for medically necessary mental health services.

An eligible diagnosis may be accompanied by a Traumatic Brain Injury (TBI) or intracranial injury and accompanying medical necessity for MH/DD/SUD services to address TBI-related psychiatric disorders, emotional problems, behavioral symptoms, and changes in mood or personality.

DEFINITIONS:

Designated Veteran (Military Service Member) is defined as a Military Service Member, and includes the following:

- Active Duty Service Member (Discharged)
- National Guard or Reserve Member (Activated)

- National Guard or Reserve Member (Not Activated)
- National Guard or Reserve Member (Discharged)
- Active Duty Service Member (Deceased)
- Activated, Not Activated, or Discharged National Guard or Reserve Member (Deceased)

Adult or Dependent Child Family Member of a Designated Veteran is defined as a family member, age 18 or over, or dependent child between the ages of 3-18, of a living or deceased designated Veteran and includes the following:

- Spouse or Domestic Household Partner (age 18 or over)
- Unremarried Former Spouse or Unremarried Widow or Widower (age 18 or over)
- Dependent Adult Child, including SSI-Related Disabled Adult Child (age 18 or over)
- Dependent Child between the ages 3-18
- Dependent Parent or Guardian (age 18 or over)
- Family Member currently providing Dependent Care for Designated Veteran

Non-covered Undesignated Veterans and Adult Family Members

It is anticipated that non-covered undesignated adult Veterans (ages 18 and over), adult family members (ages 18 and over), and dependent child(ren) between the ages 3-18 of a living or deceased undesignated Veteran, will maintain continuing federal benefits eligibility and will not require services eligibility through State funds for the following individuals:

- Active Duty Service Member and Dependent Family Members
- Retired Service Member and Dependent Family Members
- Retired National Guard or Reserve Member and Dependent Family Members
- Member of Armed Forces Service Academy and Dependent Family Members

Eligibility for the Veterans Health Administration benefits is determined by the United States Department of Veterans Affairs. Tricare is the worldwide healthcare program available to eligible beneficiaries of the seven uniformed services, beneficiaries may include active duty service members and their families, retired service members and their families, National Guard and Reserve members and their families, survivors, certain former spouses and others. Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain health care services and supplies with eligible beneficiaries.

Child with Serious Emotional Disturbance (CMSED)

Note: Includes Child ages 3-5 yrs. with Behavioral Health Challenges

Children Age 3-5

Child, starting on the third birthday until the sixth birthday, who demonstrates significantly atypical behavioral, socio-emotional, motor or sensory development as evidenced by meeting one of the following four criteria:

1. Diagnosed hyperactivity, attention deficit disorders, severe attachment disorders, or other behavioral disorders.

OR

2. Has indicators of emotional and behavioral disorders such as:

- delay or abnormality in achieving emotional milestones, such as attachment, parent-child interaction, pleasurable interest in adults and peers, ability to communicate emotional needs, or ability to tolerate frustration;
- persistent failure to initiate or respond to most social interactions;
- fearfulness or other distress that does not respond to comforting by caregivers;
- indiscriminate sociability, for example, excessive familiarity with relative strangers,

OR

3. Has substantiated physical abuse, sexual abuse, emotional abuse, or other environmental situations that raise significant concern regarding the child's emotional wellbeing.

OR

4. Has a high probability of meeting the criteria for intellectual/developmental delay or atypical social-emotional development as the child matures, AND one of the following:

- Parental Substance Abuse: Birth mother during pregnancy or primary care giving parent has been a habitual abuser of alcohol and/or drugs,
- Parental Intellectual/Developmental Disability: Either parent has been diagnosed with intellectual/developmental disability, or
- Parental Mental Illness: Either currently care giving parent has a diagnosed illness such as severe depression, bipolar illness, schizophrenia, or a personality disorder.

Children Age 6-17:

Child, starting on the sixth birthday until the 18th birthday, with Serious Emotional Disturbance (SED) as evidenced by:

1. The presence of a diagnosable mental, behavioral, or emotional disturbance that meets diagnostic criteria specified in the **Benefit Plan Diagnosis Array**,

AND

2. One of the following:
   a. Functional impairment that seriously interferes with or limits his/her role or functioning in family, school, or community activities **OR**
   b. Homeless or at Risk of Homelessness **OR**
   c. Deaf or as needing specialized mental health services due to social, linguistic or cultural needs associated with individual or familial deafness or hearing loss.

Adult with Mental Illness (AMI)

Adults, ages 18 and over, who as a result of a Mental Illness have difficulties in daily functioning and require psychiatric rehabilitation for the development of skills and supports to achieve his/her goals and remain in the community; or who without treatment and supports would exhibit such impaired functioning, or had exhibited such impaired functioning in the past. Functional impairments are often related to activities of daily living such as interpersonal relations, homemaking, self-care, employment, housing and recreation. This is evidenced by:

1. The presence of a diagnosable mental, behavioral, or emotional disturbance that meets diagnostic criteria specified in the Benefit Plan Diagnosis Array,

AND

2. Meets the following criteria for Level of Functioning or Risk Factors: The individual has had a serious symptom or impairment in functioning such as any of the following in the preceding 12 months:
    a. Suicidal or Homicidal ideation, **OR**
    b. Has had two or more psychiatric hospitalizations, **OR**
    c. Has had two or more arrests, **OR**
    d. Inability to attain or maintain stable competitive employment that includes school and continuing educational goals, **OR**
    e. Serious impairment in relationships with friends or family (e.g., very few or no friends, or frequent difficulty within the family or neglects family), **OR**
    f. Serious impairment in judgment, thinking, mood or other symptoms (e.g., confusion, disorientation, panic attacks, memory loss, severe obsessive rituals), **OR**
    g. Inability to establish or maintain stable community housing that includes homelessness, at risk of being homeless, or not living in a least restrictive setting (including those living in or transitioning from an adult care home or hospital), **OR**
    h. Any individual who has been assessed as having special communication needs because of deafness or hearing loss and has a qualifying mental health diagnosis. **OR**
    i. Any individual with chronic mental illness who is currently stable but without continued treatment and supports would likely experience significant decompensation and deterioration of functioning.

Transitions to Community Living (AMTCL)

The AMTCL benefit plan consists of adults, ages 18 and over, who have been identified as participating in the N.C.—U.S. DOJ Settlement Agreement. Without the covered treatments and support, these individuals could experience impaired functioning that would compromise their ability to transition to or remain housed in the community and put them at risk for remaining in or admission to an institutional setting. Participation in the settlement agreement is evidenced by:

1) Having a verified diagnosis of SMI or SPMI

AND

2) Living in an ACH, **OR**
3) Receiving treatment in a state hospital, and upon discharge will have unsafe or unstable housing **OR**
4) At Risk of living in an Adult Care Home (ACH). "At risk" categories of individuals include, but are not limited to:
    a. Individual is being discharged from state hospital and is homeless or has unstable housing.
    b. Individual with SMI/SPMI is seeking ACH admission, as evidenced by PASRR screening.
    c. Individual had two (2) or more community hospital or Emergency Room visits for psychiatric reasons in past two years.
    d. Individual accessed Facility Based Crisis, Mobile Crisis Management, or Crisis Center Services for two (2) or more crises in past year.
    e. Individual is paying 50 percent of monthly resources (income and/or benefit) in rent.
    f. Individual is Homeless (unable to acquire and maintain regular, safe, secure and adequate housing, or lacks "fixed, regular, and adequate night-time residence").
    g. Individual previously lived in an Adult Care Home.
    h. Individual has had criminal justice involvement within the last two (2) years as a result of their mental illness.
    i. Individual has already been identified as part of the Transitions to Community Living Initiative (for example, is receiving TCL In-Reach, has been referred for a TCL housing slot, has transitioned to TCL housing in community, etc.).
    j. Other reason housing is considered unstable (to be reviewed by DHHS)

Individuals covered by this plan can and may include individuals that have been approved for a housing slot and/or are participating in a Supported Employment program that meets fidelity to an evidence-based model.

Individuals who meet eligibility for TCL also meet AMI and must be enrolled to pay for services necessary to sustain supportive community living while participating in TCL

Individuals may also be eligible for other benefit plans, but the other benefit plans would be considered secondary.

Child with SA Disorder (CSSAD)

Children or adolescents, starting on the third birthday until the 18th birthday, who have a primary substance use disorder which is in the Benefit Plan Diagnosis Array

AND

who would benefit from assessment, initiation, engagement, treatment, continuity of treatment services, and/or supports for relapse prevention and recovery stability.

Adult Substance Abuse Treatment Engagement and Recovery (ASTER)

Adults who are ages 18 and over with a primary substance use disorder covered in the Benefit Plan Diagnosis Array

AND

who would benefit from assessment, initiation, engagement, treatment, continuity of treatment services, and/or supports for relapse prevention and recovery stability.

Adult Substance Abuse Women (ASWOM)

Adult women who are ages 18 and over with a primary substance use disorder covered in the Benefit Plan Diagnosis Array

AND

who would benefit from assessment, initiation, engagement, treatment, continuity of treatment services, and/or supports for relapse prevention and recovery stability,

AND who are:

1. Currently pregnant,

OR

2. Has a dependent child(ren) under 18 years of age,

OR

3. Is seeking custody of a child less than 18 years of age.

Providers providing services to individuals in this benefit plan must meet all requirements set forth in the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) for Women's Set Aside funds, except for crisis/detox services.

Adult Substance Abuse Injecting Drug User/Communicable Disease (ASCDR)

Adults who are ages 18 and over with a primary substance use disorder covered in the Benefit Plan Diagnosis Array

AND

who would benefit from assessment, initiation, engagement, treatment, continuity of treatment services, and/or supports for relapse prevention and recovery stability, **AND** who meet one of the following three criteria:

1. Currently (or within the past 30 days) injecting a drug under the skin, into a muscle, or into a vein for non-medically sanctioned reasons,

OR

2. Infected with HIV, tuberculosis, or hepatitis B, C, or D,

OR

3. Meet criteria for severe opioid use disorder, are addicted at least one year before admission, and who are enrolled in an opioid treatment program.

Adult Substance Opioid Use Disorder (ASOUD)

Adults who are ages 18 and over with a primary opioid use disorder covered under ASOUD in the Benefit Plan Diagnosis Array

AND
who would benefit from assessment, initiation, engagement, treatment, continuity of treatment services, and/or supports for relapse prevention and recovery stability,

AND who meet one of the following criteria:

- The individual is new to Opioid Treatment
- The individual is not currently in treatment for Opioid Use Disorder

NOTES REGARDING SA BENEFIT PLANS:

- These services should be immediately available to an individual. It is a goal that this Benefit Plan eligibility will enhance LME/MCO efforts to develop a provider system that supports an accessible and responsive service array for individuals with a primary substance use disorder. Substance use assessment and treatment services and supports are required to be provided per Division standards by licensed, certified, registered and qualified substance abuse professionals, associate professionals, and paraprofessionals.
- All individuals with a substance use disorder are required to be enrolled by providers and LME-MCOs in a primary disability Benefit Plan group that represents the consumer's principal or primary diagnosis and the main focus of attention or treatment, and that is chiefly responsible for the need for services received for the current episode of care.
- All individuals will be assessed for service eligibility on the basis of the American Society of Addiction Medicine (ASAM) Criteria 3rd Edition incorporated by reference to include subsequent amendments and editions.
- Substance abuse services shall be provided only by a duly licensed professional within their scope of practice, or by an individual who is a licensed, certified, or registered substance abuse counselor through the North Carolina Substance Abuse Professional Practice Board, and who practices and is supervised in accordance with G.S. 90-113.32, Article 5C, the North Carolina Substance Abuse Professional Practice Act.
- NC-TOPPS Interviews are required of providers for all substance abuse Benefit Plan adults and children ages six years and above who are receiving any qualifying service, including outpatient only services, for any substance use diagnosis.
- The client's service record shall include the federal substance abuse National Outcomes Measures (NOMs) and Treatment Episode Data Set (TEDS) admission and episode completion (discharge) data elements that are required to be reported by the LME/MCO to the Division for the Consumer Data Warehouse (CDW). These elements include, but are not limited to, the identification at consumer admission and episode completion (discharge) of the consumer's primary, secondary, and tertiary substance problems, frequency of use, usual route of administration, age of first use, pregnancy status, living arrangements, employment status, arrest status, and social connectedness.

Developmental Disabilities (ADSN and CDSN)

CDSN - Child, starting on the third birthday until the 18th birthday, screened eligible as Developmentally Disabled in accordance with the current functional definition in GS 122C-3(12a) outlined below.

ADSN - Adult, age 18 and over, who is screened eligible as Developmentally Disabled in accordance with the current functional definition in GS 122C-3(12a) outlined below,

OR

1. Meets the State definition of Developmentally Disabled and has a co-occurring diagnosis of Mental Illness,

OR

2. Confirmed Thomas S. class member and was receiving MR/MI funded services at the dissolution of the Thomas S. lawsuit.

DEFINITION:

Per GS 122C-3(12a), Developmental Disability means a severe, chronic disability of a person which:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency; and
5. Reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of a lifelong or extended duration and are individually planned and coordinated.

Adult Stimulant Use Disorder (ASTIM)

Adults who are ages 18 and over with a primary stimulant use disorder, including cocaine use disorder, covered under ASTIM in the Benefit Plan Diagnosis Array,

AND

who would benefit from assessment, initiation, engagement, treatment, continuity of treatment services, and/or supports for relapse prevention and recovery stability.

Adult Substance COVID (ASCOV)

Adults who are ages 18 and over with a primary opioid use disorder covered under ASCOV in the Benefit Plan Diagnosis Array,

AND
who would benefit from assessment, initiation, engagement, treatment, continuity of treatment services, and/or supports for relapse prevention and recovery stability,

AND
who have been impacted by COVID-19, as identified by one or more of the following:

- loss of employment
- reduced employment
- loss of insurance coverage
- increased deductibles or copays
- loss of other resources, including those which negatively impact their ability to pay for treatment,

AND
the individual is not currently receiving services funded by another Benefit Plan; i.e., ASOUD, ASCDR.