



Communication Bulletin 001

To: All Enrollees, Stakeholders, and Providers
From: Cham Trowell, Utilization Management (UM) Director
Date: June 12, 2015
Subject: Trillium Benefit Plan - Medicaid B, Medicaid C, Medicaid (b)(3), and State

Trillium Health Resources will manage three distinct benefit plans covered by Medicaid and a fourth distinct benefit plan of State-funded and non-Medicaid federally funded services (State services). The four plans are identified as Medicaid B, Medicaid C, Medicaid (b)(3), and State. Each benefit plan has a unique service array and coverage that is specific to each benefit plan. All four plans are defined by: services offered; entrance and continued stay criteria; authorization requirements; and due process rights when services are denied, reduced or terminated. A benefit grid is attached with services offered, authorization guidelines, required documents and exclusions.

1. **Medicaid State Plan Services (Medicaid B)** are an entitlement for all Medicaid beneficiaries who meet the medical necessity criteria to receive those services. Trillium Health Resources is responsible for paying for all medically necessary services in this category for Medicaid recipients age 3 and over without financial limitations.

The service array for Medicaid B can be found in the following Clinical Coverage Policies:

- DMA-Clinical Coverage Policy 8A, Enhanced Mental Health and Substance Abuse Services
- DMA-Clinical Coverage Policy 8B, Inpatient Behavioral Health Services
- DMA-Clinical Coverage Policy 8C, Outpatient Behavioral Health Services
- DMA-Clinical Coverage Policy 8D-1, Psychiatric Residential Treatment Services for children under that age of 21
- DMA- Clinical Coverage Policy 8D-2, Residential Treatment Services
- DMA - Clinical Coverage Policy 8E, Intermediate Care Facilities for Individuals with Intellectual Disabilities

The Clinical Coverage Policies are located on ECBH web site (*on new Trillium Health Resources web site after July 1*) at <http://trilliumhealthresources.org/en/For-Providers/Benefit-Plans--Service-Definitions/>

and Division of Medical Assistance at <http://www.ncdhhs.gov/dma/mp/index.htm>.

Trillium Health Resources will follow Clinical Coverage Policies entrance and continued stay criteria and authorization requirement for services in this plan with the exclusion of outpatient services and Medication Management or E and M services. Outpatient services will be unmanaged until the 24th visit for both child and adult. Managed visits may be requested after the 24th unmanaged. E and M codes are unmanaged and do not count toward outpatient visits. All outpatient visits will reset on July 1, 2015. Testing codes do not count toward unmanaged visits and will be unmanaged up to 9 hours. Managed visits may be requested beyond the 9th unmanaged.

In accordance with Section 1932 (b) (2), Trillium shall provide coverage for Emergency Behavioral Health Service consistent with the prudent layperson standard. These services shall be provided at any time without regard to prior authorization and without regard to the emergency care provider's contractual relationship with Trillium.

2. **Medicaid (b) (3)** plan services are approved by the federal Centers for Medicare and Medicaid Services (CMS), are only available to Medicaid recipients age 3 and over, 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, as long as funding is available. 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.

The service array for this plan includes the following services:

- Respite Individual and Group (Child MH/SA, Child IDD, Adult IDD)
- Supported Employment/Long Term Vocational Support (Adult IDD) (MH)
- Personal Care/Individual Support (Adult MH)
- One-Time Transitional Costs (Adult IDD) (Adult MH)
- Psychosocial Rehabilitation/Peer Supports (Adult MH/SA)
- NC Innovations Waiver Services (Child IDD, Adult IDD)
- Physician Consultation (Child MH, Adult MH)
- Community Guide (Child IDD, Adult IDD)
- Peer Support Individual and Group

The service definition for these services can be found on the ECBH web site (*on new Trillium Health Resources website effective July 1*) at

http://trilliumhealthresources.org/PageFiles/3157/Trillium/B3_Service_Definitions.pdf

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Health Resources will follow Clinical Coverage Policies entrance and continued stay criteria and authorization requirement for services in this plan.

To ensure funding remains available for persons who continue to meet medical necessity criteria and are currently receiving (b) (3) services prior to consolidation, no new admission to any B3 services will be available after July 1, 2015. Trillium Health Resources will continue to monitor expenses and open this benefit again if indicated.

- 3. Medicaid C plan or Innovations Waiver services are an entitlement for individuals with an Innovations Waiver slot, subject to medical necessity criteria and with an upper limit on the benefit of \$135,000 per recipient per year**

The service array for Medicaid C can be found in the following Clinical Coverage Policies:

- DMA-Clinical Coverage Policy 8P, North Carolina Innovations

The service definition for these services can be found on the ECBH web site (*on new Trillium Health Resources website effective July 1*) at <http://trilliumhealthresources.org/en/For-Providers/Provider-Documents-Forms/>. Trillium Health Resources will follow Clinical Coverage Policies entrance and continued stay criteria and authorization requirement for services in this plan.

- 4. State services plan** is also not an entitlement. Individuals 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 individuals who have coverage for behavioral healthcare services, but whose insurance does not cover a particular service. For example, Medicare will not cover outpatient services delivered by a Licensed Clinical Addictions Specialist (LCAS). State services will not be authorized in that circumstance because the person may receive Medicare-reimbursed outpatient services delivered by another category of licensed clinician. Medicaid eligible individuals with intellectual and other developmental disabilities may receive certain State services not included in the Medicaid State Plan if they are not on the Innovations Waiver, subject to availability of funds. Medicaid eligible individuals with behavioral health issues also may receive certain State services not included in the Medicaid State Plan, subject to availability of funds.

All individuals who are eligible for a state funded target population and receiving any service funded with state dollars should complete an application for Medicaid funding and pursue those entitlements. Trillium Health Resources will want to see evidence of linkage with primary care doctor in clinical documents submitted with treatment authorization requests or at the time of on-site monitoring.

The service array for the State service plan is available for persons who are residents in the Trillium Health Resources area. The service array includes the following basic and specialty services where prior authorization is not required:

- **Outpatient service** - for child and adult up to 24 unmanaged visits
- **Medication Management**- unmanaged
- **Mobile Crisis**- up to 8 hours unmanaged
- **Facility Based Crisis**- unmanaged up to first 7 days
- **Testing codes** - unmanaged up to first 9 hours does not count towards unmanaged visits
- **SAIOP and SACOT**- Unmanaged for the first 30 and 60 days respectively. The network for these services is closed for state funding. Trillium will monitor these services through post payment reviews.
- **Outpatient Opioid Treatment** - Unmanaged service. Trillium will monitor these services through post payment reviews.
- **Halfway House**- This benefit is available and will be concurrently reviewed for continued stay criteria. Admissions must meet the ASAM criteria for this level of care.

The service array for the State service plan also includes the following services where prior authorization is required:

- **Inpatient services** -Trillium contracts for psychiatric beds purchased through 3 way contracts. Facilities contracted with Trillium for inpatient care can seek authorization by calling 1-877-685-2415.
- **Community Support Team** - This benefit is available to individuals stepping down from ACTT or who are at risk of hospitalization. This benefit is closed to new admissions.
- **Psychosocial Rehabilitation** -This benefit is limited to 120 hours a month maximum. Providers should not expect that all individuals will get 30 hours of service authorized per week. Individuals must be present at the program in order to bill for this service. Providers cannot bill for any time when the individual is on holiday, absent, arrives late or leaves early. Trillium Health Resources will conduct reviews on site of this service throughout the year. Trillium expects all state funded PSRs to operate using the evidence based practice of Wellness Management and Recovery following through New Admissions and Concurrent services individuals should be following through with clinical recommendations of CCA/Assessments (outpatient and med management) Trillium Health Resources will be reviewing step down plans. This benefit is closed to new admissions.
- **Assertive Community Treatment Team** - This benefit is authorized in 30 day increments for state services. This benefit is closed to new admissions.
- **Multi-Systemic Therapy** - Trillium will authorize one dose of treatment for this service. This benefit is closed to new admissions.
- **AFL Homes** - This benefit is available for individuals who are stepping down from Group Home Living and/ or stepping up down from long term care. This benefit is closed to new admissions.
- **Group Living Low**- This benefit is closed to new admissions

- **Group Living Moderate** -This benefit is available for individuals working with providers that are Arc HDS or MHA HDS facilities for State Funded individuals upon application acceptance by Arc HDS or MHA HDS. These facilities have legacy funding that is tied directly to the facility that requires Trillium direct funding to them. There will be no new funding for admissions for any other group living setting unless the person is stepping down from long term care in a state operated facility.
- **Group Living High** - This benefit is closed to new admissions.
- **Family Living Low** - This benefit is closed to new admissions
- **Family Living Moderate** - This benefit is closed to new admissions.
- **Supervised Living Low** - This benefit is available for individuals stepping down from inpatient care. This benefit is closed to new admissions
- **Supervised Living Moderate** - This benefit is closed to new admissions.
- **Developmental Therapy**- Only providers with current contracts are able to provide this service. This is a habilitative service designed to assist with carrying out home care plans for Occupational, Physical and Speech Therapy. Goals for this service must be written in measureable language and progress notes must measure progress toward goal attainment. Individuals who receive this service must live at home and cannot attend ADVP, Day Activity or receive any Long Term Supported Employment Follow Up. This benefit is closed to new admissions
- **Day Activity/ Personal Assistance Group** - This benefit is (up to 15 hours a week) is available children who meet the criteria for Developmental Disability with a NC SNAP or 3 or 4 as a resource before and after school. Only providers with current contracts are able to offer this service. This service is not available to individuals who receive Innovations. Individuals who get this service cannot receive Developmental Therapy Personal Assistance, or respite. This benefit is closed to new admissions.

This benefit is also available to recipients who are transitioning from school to work who have moderate, severe or profound MR or moderate to severe Autism Spectrum Disorder. This service will be authorized on an annual basis to match plan date. This service is not available to individuals who receive Innovations as Day supports should be used. Individuals who get this service cannot receive Developmental Therapy, Personal Assistance, ADVP, PSR or Respite. Individuals who receive this service cannot live in Nursing homes or rest homes and may not attend a community college compensatory education program. Individuals must be present at the program in order to bill for this service. Providers cannot bill for any time when the individual is on holiday, absent from the program, arrives late or leaves early. This benefit is closed to new admissions.

- **Personal Assistance** - This benefit is available for persons ages 5 and older from the Trillium catchment area only. This service should support individuals to obtain or maintain their current residence at home and can be used to assist with personal care needs. **New and continued need request** for this service as an additional behavior or medical support will be required to have a psychiatric evaluation or medical evaluation in the past 30 days, the PCP will need to be

specific to the current episode and presentation, documentation of events that led up to the request and/or the current progress. Clear interventions that will reduce the need for the service long term must be present in the PCP. This is intended to be a short term and time limited support service when used in conjunction with group living or supervised living services. This service is not intended to duplicate the requirements of residential or day program staff. This service must be provided in the individuals' home. This benefit is closed to new admissions.

- **Supportive Employment with Long Term Vocational Supports** - This benefit is available to persons with IDD or MH/ SU dx. Please see service grid for exclusions and limits. This benefit is closed to new admissions.
- **Crisis Respite (Hourly)** - This benefit is available on an hourly basis up to 20 hours a month. to individuals to provide the primary caregiver a break on an as needed basis. This service is only available for children or adults who live at home in the Trillium area counties. Children or adults who live in a paid living arrangement are not eligible. Adults who attend day programs or receive supported employment are not eligible.
- **Respite (Community)** -This benefit is available is an overnight respite alternative and should primarily be used for hospital diversion or transition back to the community, not as a placement alternative. Individuals may participate in Community Respite as a planned arrangement. This benefit is closed to new admissions.

The service definitions for these services can be found on the Trillium Health Resources website at the below links. Trillium Health Resources will follow Clinical Coverage Policies entrance and continued stay criteria and authorization requirement for services in this plan.

For IDD services <http://trilliumhealthresources.org/PageFiles/3157/Trillium/State-Funded%20MHDDSAS%20Service%20Definitions%202003-2014%20effective%208114.pdf>

For state MH services <http://trilliumhealthresources.org/PageFiles/3157/Trillium/State-Funded%20MHDDSAS%20Service%20Definitions%202003-2014%20effective%208114.pdf>

For supported employment state definition <http://trilliumhealthresources.org/PageFiles/3157/Trillium/State-Funded-SE-Service-Definition.pdf>

To ensure funding remains available for persons who continue to meet medical necessity criteria and are currently receiving state funded services prior to consolidation, no new admission to any state services will be available after July 1, 2015. Trillium Health Resources will continue to monitor expenses and open this benefit again, if indicated.