



## Clinical Communication Bulletin 007

To: All Enrollees, Stakeholders, and Providers  
From: Cham Trowell, UM Director  
Date: May 10, 2016  
Subject: Medicaid Funded Services Plan benefit changes, State Funded Services Plan benefit changes, Innovations Waiver update, Medicaid (b)(3) Services Plan benefit changes, Scope of practice for offering Functional Behavior Assessments

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### **Medicaid Funded Services Plan**

#### **Assertive Community Treatment Team (ACTT)**

This team consists of a community-based group of medical, behavioral health, and rehabilitation professionals who use a team approach to meet the needs of a beneficiary with severe and persistent mental illness. A beneficiary who is appropriate for ACTT does not benefit from receiving services across multiple, disconnected providers, and may become at greater risk of hospitalization, homelessness, substance use, victimization, and incarceration. An ACTT provider provides person-centered services addressing the breadth of a beneficiary's needs, helping him or her achieve their personal goals. Thus, a fundamental charge of ACTT is to be the first-line (and generally sole provider) of all the services that an ACTT beneficiary needs. Being the single point of responsibility necessitates a higher frequency and intensity of community-based contacts, and a very low beneficiary-to-staff ratio. Services are flexible; teams offer varying levels of care for all beneficiaries, and appropriately adjust service levels given an individual beneficiary's changing needs over time.

Effective July 1, 2016 the UM review of PCPs for enrollees requesting ACTT MUST include specific interventions, duration (how many weeks) and frequency (how many hours each week) for each of the members of the ACT Team to demonstrate how that component will assist the person to advance toward personal goals with a focus on enhancing community integration and regaining valued roles (example: worker, daughter, resident, spouse, tenant, or friend). THE PCP MUST adequately address the role of all team members including frequency and duration of each role. The submission should include a weekly schedule that outlines how the ACTT services will provide effective and sufficient services and supports to assist the person to continue to live in the community.

For example, each enrolled should have hours of Peer Support associated with their ACTT service. Trillium wants to see what the Peer Support Specialist is working on, how many hours per week and for how many weeks. Another example is Supported Employment embedded in ACTT. We expect that the Supported Employment component of ACTT is meeting with the person to explore employment each week as a component of this service for every person that is receiving the service. Also included on the team is a Substance Abuse professional. If a person getting ACTT has Substance Abuse diagnosis we expect to see treatment associated with this issue and the linkage of local community services and supports adequate for addressing this issue.

It is not our intent to increase the administrative burden on ACTT providers; we assume that ACTT providers are already doing this leveling of scheduling and planning within their agencies to ensure they are meeting the needs of all of the consumers on their caseloads. We are simply requesting that this level of detail be included in PCPs so that we can assess the impact and efficacy of each component of the bundled ACTT service for each individual served.

### **Residential Level I-III Services and Therapeutic Leave**

Effective immediately Trillium will authorize initial and concurrent Residential Level I-III services for 60 day authorization periods. Psychiatric Residential Treatment Facilities (PRTF) will continue to be authorized for 30 day authorization periods. Therapeutic Leave for consumers in all residential facilities will be no prior authorization.

## **State Funded Services Plan**

The service array for the State service plan is available for people who are residents in the Trillium Health Resources area. Trillium cannot authorize the use of State funds for individuals living outside of our 24 counties. Trillium wants to assure no wrong door access to all crisis services and unmanaged benefits. The available service array of unmanaged services 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 more hours can be authorized if needed for appropriate linkage and crisis stabilization
- **Facility Based Crisis**- unmanaged up to first 7 days
- **Testing codes** - unmanaged up to first 9 hours does not count towards Outpatient unmanaged visits
- **SAIOP and SACOT**- Unmanaged for the first 30 and 60 days respectively.
- **Outpatient Opioid Treatment** - unmanaged

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.

- **Assertive Community Treatment Team**- see above guidelines for Medicaid ACTT. This benefit is now open to new state funded admissions for people who meet the eligibility criteria without any insurance coverage. This state funded benefit is not available for people with third party coverage.
- **Community Support Team** - This benefit is available to individuals stepping down from ACTT. This state funded benefit is not available for people with third party coverage. This benefit is now open to new state funded admissions for people who meet the eligibility criteria without any insurance coverage.
- **Psychosocial Rehabilitation** -This benefit is limited to a maximum of 120 hours a month  
. 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 expects all state funded PSRs to operate using the evidence based practice of Wellness Management and Recovery. New admissions and concurrent requests for services for individuals should be following through with clinical recommendations of CCA/Assessments (outpatient and med management). Trillium Health Resources will be reviewing step down plans and we expect to see people move through this service; it is NOT a long term service or support. The service definition clearly states that the goal of the services is to assist consumers to “increase their functioning so that they can be successful and satisfied in the environments of their choice with the least amount of ongoing professional intervention.” This benefit is now open to new state funded admissions for people who meet the eligibility criteria without any insurance coverage. This state funded benefit is not available for people with third party coverage.
- **Multi-Systemic Therapy** - This benefit is open to new admissions.
- **AFL Homes** - This benefit is available for individuals who are stepping down from Group Home Living and/ or stepping down from long term care. This benefit is open to new admissions that meet this criteria.
- **Group Living** -This benefit is available for individuals working with providers that are Arc Housing Development Services (HDS) facilities for State Funded individuals upon application acceptance by Arc HDS. These facilities have legacy funding that is tied directly to the facility that requires Trillium direct funding to them. This benefit is open to new admissions for vacancies in these settings.
- **Developmental Therapy** - Only providers with current contracts are able to provide this service. This is a habilitation service designed to assist with carrying out home care plans for Occupational, Physical and Speech Therapy. Authorization for this service must include an appropriate evaluation and the goals for this service must be written in measureable language and progress

notes must measure progress toward goal attainment. Concurrent authorizations are allowed but ALL new admissions for this service are limited to school age children only and for no more than 10 hours per week for each Individual. Adults should be referred for Day Activity. This benefit is now open to new state funded admissions for children who meet the eligibility criteria.

- **Day Activity/ADVP-** This benefit is available for new admissions up to 18 hours a week as available as a resource before and after school for children and for adults with IDD. Concurrent authorizations for these services will continue at the same number of hours previously authorized for eligible enrollees. Only providers with current contracts are able to offer this service as the Network is closed. 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. This service is not available to individuals who receive Innovations Waiver funding or other (c) waiver funding. Individuals who get this service cannot receive Developmental Therapy, Personal Assistance, 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 now open to new state funded admissions for people who meet the eligibility criteria. This service is open for new admissions.

- **Personal Assistance** - New admissions for this benefit must be ages 21 and older. This benefit is available up to 40 hours a month. Concurrent authorizations may remain in place as long as the service continues to meet the need. This service should support individuals to obtain or maintain their current residence at home and can be used to assist with personal care needs when determined not eligible for Medicaid Personal care or Individual Supports. This service must be provided in the individuals' home. This service is not available to individuals on the Innovations Waiver, eligible for Medicaid Personal Care or Medicaid (b) (3) Individual Supports. Individuals age 21 or older with concurrent authorizations will be evaluated to step down to the benefit limit or transitioned to other more appropriate benefits. This benefit is open to new admissions for people who meet the criteria of admission.
- **Supportive Employment with Long Term Vocational Supports** - This benefit is available to persons with IDD or MH/ SU dx. Please see benefit plan service grid for exclusions and limits. This benefit is open new admissions for enrollees in the TCLI program only.
- **Respite (Hourly- Crisis)** - 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. This benefit is open to new admissions.

- **Respite (Community)** -This benefit is available as 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 open to new admissions.

## **Innovations Waiver**

Please be aware Trillium was been notified on May 5, 2016 that the implementation date for the Innovations waiver amendment and resource allocation has been pushed back to November 1, 2016. This additional time will ensure CMS approval and allow more time for staff training. This change in date will afford a more seamless transition for members, providers, and result in a successful Waiver amendment implementation.

## **Medicaid Funded (b) (3) plan**

All services are open to new admissions for all Medicaid eligible enrollees. The Network is currently closed to new providers.

The service array for this plan includes the following services:

- Respite Individual and Group
- Supported Employment/Long Term Vocational Support
- Individual Support (service only available per definition for adult with MH diagnosis)
- One-Time Transitional Costs
- NC Innovations Waiver Services only available for eligible enrollees stepping down from ICFMR per definition
- Physician Consultation
- Community Guide
- Peer Support Individual and Group

The service definition for these services can be found on the Trillium web site at [http://trilliumhealthresources.org/PageFiles/3157/Trillium/B3\\_Service\\_Definitions.pdf](http://trilliumhealthresources.org/PageFiles/3157/Trillium/B3_Service_Definitions.pdf)

## **Practice Issue**

### **Scope of practice for offering Functional Behavior Assessments**

This communication is to inform stakeholders of providers eligible to offer and provide functional behavior assessments. Under the scope of practice rules of the licensing boards in NC, only qualified licensed psychologists and licensed psychological associates can perform Functional Behavior Assessments (FBAs). This type of

assessment clearly falls under the scope of practice of psychology (North Carolina Psychology Practice Act 90-270.2 (8)).

At the present time, no other licensing board governing behavioral health practices has declared that this type of assessment is also within the scope of practice of their licensed professional group. **Therefore, Trillium will only authorize qualified licensed psychologists and licensed psychological associates within the network to provide functional behavior assessments, develop formal behavior support plans, and provide ABA if medical necessity is met.**

While master's level individuals in the field of human services can choose to become certified as Behavioral Analysts (BCBA), under current NC law, Behavior Analysts are not currently able to become licensed in the State of North Carolina; as such, there is no recognized scope of practice for them within the State.

**Therefore, a clinician who holds a Board Certified Behavior Analysis Certificate (BCBA), but not a license from the NC psychology board and is supervised by a qualified licensed psychologist or LPA would be qualified to only provide ancillary services of behavior analysis.** Ancillary services are defined as implementation of a detailed treatment plan, collecting observational data, and training of paid staff and natural supports on the intervention. These services must occur under direct supervision of a licensed psychologist or LPA as Specialized Consultative Services-BCBA.

Please send all questions regarding this Clinical Communication Bulletin 007 to our UM department at [UM@trilliumnc.org](mailto:UM@trilliumnc.org). Please put 'Clinical Communication 007 question' in the subject line. We will gather all questions submitted and post a frequently asked questions document on our website in an effort to ensure everyone is aware of clarifications we may provide. Questions can be submitted at any time however the cut off for the FAQ document is May 31, 2016.