



*Mental Health,
Developmental Disabilities,
and Substance Abuse Services*
HEALTH AND HUMAN SERVICES

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LME-MCO Communication Bulletin #J231

Date: December 30, 2016

To: LME-MCOs

From: Linda Rascoe, Associate Director, Community Based Services, DMA
and Mabel McGlothlen, LME-MCO System Management Section Chief,
DMH/DD/SAS

Subject: Children with Complex Needs

Overview

A Settlement Agreement was reached between the North Carolina Department of Health and Human Services (DHHS) and Disability Rights North Carolina (DRNC) on October 14, 2016 to outline a plan to assist children with complex needs, which the settlement defines as Medicaid eligible children ages 5 and under 21, who have been diagnosed with a developmental disability (including Intellectual Disability and/or Autism Spectrum Disorder) and a mental health disorder who are at risk of not being able to return to or maintain placement in a community setting. These children often exhibit behaviors that that are a danger to self or others at this time and/or are expelled from school; and/or have incidents for crisis such as frequent Emergency Department visits, out of home placements, involvement with criminal justice system, Department of Social Services involvement and involuntary commitments.





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This plan will help children and families better live within their communities and is designed to improve coordination of the delivery of appropriate services and supports for these children, administered by the Local Management Entity/Managed Care Organizations (LME/MCOs).

A project team made up of statewide stakeholders including representatives from DHHS, DRNC and LME/MCOs have been working since 2014 to identify any service or coordination gaps, improve access to care and treatment options and develop a more sustainable system to meet the uniquely complex needs of these children.

DHHS has requested funding for the settlement expectations to provide administrative and clinical funding to the LME/MCOs to be compliant with the settlement agreement. The settlement agreement and additional information about Children with Complex Needs is available at:

<https://www.ncdhhs.gov/about/department-initiatives/children-complex-needs>

Access

Children with complex mental health and intellectual and/or developmental disability (IDD) (including Intellectual Disability and/or Autism Spectrum Disorder) needs are involved in many aspects of our community systems. (e.g. school, judicial, private providers, medical, Social services, etc.). Navigation across these systems can be challenging for consumers, families and guardians seeking access to necessary care for a child. LME/MCOs will provide information to communities they serve regarding the method for accessing services through a stakeholder engagement plan that includes how information will be provided to stakeholders within these various systems.

Family members, pediatricians, primary care practices, Department of Social Services (DSS), Department of Juvenile Justice (DJJ), family court officials, emergency department personnel, Psychiatric Residential Treatment Facility (PRTF) staff, school employees and private providers may communicate with the LME/MCOs to identify children who potentially meet complex needs criteria.





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In order to connect children to a contracted behavioral health provider, services and supports can be accessed through the LME/MCO's 24/7 Access Center phone number <http://www.ncdhhs.gov/providers/lme-mco-directory>. The Access staff at the LME/MCOs will make a determination as to whether or not they child may be a "child with complex needs."

The indicators and risk factors the Access staff will use in making this determination include a screening to determine if the child:

- Is exhibiting behaviors that are a danger to self or others at this time,
- Has been expelled or is at risk of expulsion from school due to disruptive or dangerous behaviors;
- Has experienced incidents for crisis such as frequent ED visits, out of home placements, involvement with criminal justice system, or involuntary commitments; and/or
- Has a history of mental health and intellectual and/or developmental disabilities diagnoses or treatment.

The LME/MCO staff will determine the needs of the child according to established screening, triage and referral guidelines. The Access staff will also make an internal referral for the child to the designated Care Coordinator in the LME/MCO and provide that Care Coordinator with the child's information.

- Children who meet complex needs criteria will receive services that are determined to be medically necessary and have been authorized. These services will be monitored by the Care Coordinator.
- Children who are not determined to have complex needs but are eligible for other services will also be referred to receive medically necessary services. Other existing services include embedded care management to assure adequate monitoring of the child's needs.
- If the child does not qualify for services, the family will still be referred to resources within the community, including their own insurance plan if the child is not covered by Medicaid or, if available, state-funded services.





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LME/MCO staff will provide a listing of contracted providers that offer the services for which the child may be eligible. Once a provider has been chosen by the consumer or guardian, the provider will submit a request for services to the LME/MCO. The requested services will be reviewed by the LME/MCO Utilization Management team in order to assure that the requested services are medically necessary, per Medicaid regulations, Clinical Coverage policies, EPSDT, and best practices guidelines.

Services that are medically necessary will be authorized. If services are denied, reduced, or suspended, or authorized for less time than requested, the LME/MCO will provide written notice, including appeal rights, to consumers and guardians, as required by 42 CFR Part 438 and the contract between the Division of Medical Assistance (DMA) and the LME/MCO to operate the 1915(b)/(c) Waiver.

Assessment

Assessments/evaluations are a primary method used to obtain information regarding the development, needs, behaviors, and strengths of a child. LME/MCO staff will request and attempt to obtain copies of any relevant assessment/evaluations completed within the last 5 years by entities such as the public schools, psychologists, therapists, neurologists, counselors, Children's Developmental Service Agencies (CDSAs), speech/language pathologists, occupational therapists, physical therapists, specialty physicians, etc. and ensure they are integrated into one care plan. Information from Comprehensive Clinical Assessments (CCAs), psychological testing and CALOCUS must also be reviewed and integrated where relevant. Assessments shall be conducted by appropriately licensed or credentialed professionals and clinicians who have experience in the diagnosis and treatment of individuals with dual diagnoses of intellectual and/or developmental disabilities and mental health issues and who are not direct employees of an LME/MCO. The assessment shall contain at minimum, the elements set out in DMA Clinical Coverage Policy No. 8C.





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A licensed LME/MCO staff with experience working with children with complex needs will review all of the assessments/evaluations received in order to determine if they reflect the child's current clinical status, and functional abilities and if additional information is needed. The licensed LME/MCO staff will check to assure that all of the following functional areas have been reviewed as clinically indicated for the child:

- Family, Social, and Living History
- Cognitive and Adaptive History
- Behavioral History
- Legal History
- Psychiatric History
- Developmental History
- Strengths/ Preferences/Abilities
- Medical History
- Cultural Considerations
- Educational History
- DSS Involvement
- Medication History
- Abuse/ Trauma History
- Substance Use History

If the screening indicates the child is potentially a child with complex needs, the LME/MCO will offer provider choice and if needed, make a referral for additional assessments/evaluations as clinically indicated. LME/MCO staff will assist the consumer or guardian in scheduling these assessments/evaluations. If the assessment/evaluation produces recommendations indicating that additional services or referrals may be needed, LME/MCO staff will assist with the request.

EPSDT

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is Medicaid's comprehensive healthcare benefit plan for its beneficiaries under 21 years old.

- Medicaid's healthcare benefit for children covers any medical treatment or procedure listed within Social ***Security Act § 1905(a)*** when it is decided by a review conducted using EPSDT standards to be medically necessary to '***correct or ameliorate***' 'defects and physical and mental illnesses and conditions'.
- These services are coverable when an individual medical review per ***federal EPSDT criteria*** establishes medical necessity for them, regardless of their coverage status by a state Medicaid plan.





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EPSDT is:

- A comprehensive healthcare plan focused on prevention and early treatment,
- A flexible plan with a menu of benefits available to be tailored to children's individual and developmental needs, not to private insurer benchmarks.

EPSDT is not:

- A special funding program
- A stand-alone coverage with a special application process
- A freestanding funding source for a limited class of services

No request for services is ever denied for children before it is reviewed under EPSDT federal criteria. EPSDT services (services not covered under a state plan, or services required in amounts or frequency exceeding state policy limits) are available in every state, in every county and within each and every LME/MCO. Providers, beneficiaries, their family members and legal representatives should contact the appropriate LME/MCO or prior authorization agent for more information. You may find us online at:

<http://dma.ncdhhs.gov/medicaid/get-started/find-programs-and-services/health-check-and-epsdt>

If you need further help, call North Carolina's EPSDT Benefit team at 919-855-4325.

Case Management (CM)

Case Management (MH/SA TCM) is defined in Medicaid Clinical Coverage Policy 8L for Targeted Case management as "an activity that assists beneficiaries to gain access to necessary care: medical, behavioral, social, and other services appropriate to their needs. Case management is individualized, person-centered, empowering, comprehensive, strengths-based, and outcome-focused. The functions of case management include:

- a. Case Management Assessment
- b. Person-Centered Planning
- c. Referral and linkage; and
- d. Monitoring and follow-up"





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While children identified as meeting complex needs criteria will be receiving Care Coordination through the LME/MCOs, CM can be available as an adjunctive service to meet specific identified needs determined to be medically necessary. These activities cannot duplicate activities being carried out by a care coordinator.

If medically necessary and not duplicative of LME/MCO care coordination, CM and should be authorized by the LME/MCO under the provisions of EPSDT based upon the individual needs of the child to support and facilitate his or her success at home and/or in a community based setting when requested by a qualified provider. CM also cannot duplicate the services provided by enhanced benefits such as Intensive In-Home (IIH) and Multi Systemic Therapy (MST). The state will provide training for providers of CM by May 1, 2017.

NC START

NC START is a comprehensive program model that provides community-based crisis prevention and intervention services for children and adults who have a diagnosis of intellectual/developmental disability (I/DD) and challenging behaviors, often with a co-occurring mental illness. NC has three START teams supporting three geographical regions in the state.

In SFY 2015-2016, the Division of Mental Health, Developmental Disabilities and Substance Abuse Service (DMH/DD/SAS) allocated additional funds to LME/MCOs to contract with NC START teams in all three regions of the state to begin serving children. An additional \$400,000 has been allocated by the DMH/DD/SAS to the LME/MCOs to be used by the NC START teams to support services to individuals who may be included in the settlement.

NC START works in conjunction with all other services including community based services and does not replace any element of the current service continuum.





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Murdoch Children's Outpatient Clinic

Murdoch Developmental Center (MDC), located in Butner, NC will begin operation of an Outpatient Assessment Clinic on April 1, 2017 for children ages 5 and under 21 who have an intellectual/developmental disability and mental health disorder, complex needs, are Medicaid eligible and live in the 25 counties (<http://www.ncdhhs.gov/divisions/dsohf/facilities>) in the Central Region of North Carolina.

Initially, the Clinic will operate two half-days per month as a pilot program. After six months, MDC and the Division of State Operated Healthcare Facilities (DSOHF) will evaluate the pilot to make recommendations for resources needed to fully operationalize the Clinic and determine the need for additional Clinics in other areas of the state. The Clinic will be staffed by clinicians who have expertise working with children with complex needs, including physicians, psychiatrists, psychologists, speech therapists, physical and occupational therapists, pharmacists, etc. These clinicians will collaborate with families, providers and LME/MCOs serving these children to produce a Comprehensive Clinical Assessment which will document recommendations for services the child needs to achieve stability and growth in their home and community.

Data Collection

DHHS will collect and analyze the following Information regarding children who meet complex needs criteria in order to determine trends about services. On a quarterly basis, the LME/MCO will be required to report, for each child identified as meeting complex needs criteria. The following information will be collected:

- Age/DOB of the child
- Gender of the child
- LME/MCO serving the child
- Whether the child was referred to NC START, or similar services
- Whether the child was admitted to NC START or other programs, including inpatient services, and date of discharge from this service
- Whether the child is receiving services through the Innovation waiver program.





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These reports will be compiled by DHHS and shared with DRNC quarterly.

State Administrator Role

The DMH/DD/SAS State Administrator, will have day-to-day operational oversight for the organization, data collection, and administration of the program. The State Administrator will receive support and guidance directly from DMH/DD/SAS administration and will serve as a liaison between the LME/MCO local staff, consumers and families, DRNC and DHHS. Complaints and issues that cannot be first resolved within the LME/MCO, will be handled by the State Administrator in coordination with the LME/MCO. The State Administrator will also organize regular meetings with stakeholders, compile data from DMHDDSAS, the LME/MCOs, NC START, and other agencies, and generate reports for DHHS use.

The State will be seeking a position but until such time that this position is designated and filled, the State Coordinator will fulfill this role.

Additional Information

Consumers, families, guardians and stakeholders may contact the LME/MCO's 24/7 Access Center Line overseeing their county for further information regarding services for children with complex needs. If consumers, families, and guardians experience any barriers to services or questions about the settlement, please contact Nicole Cole, the State Coordinator for Children with Complex Needs, by e-mail at nicole.cole@dhhs.nc.gov or by phone at 919-715-1294.

Cc: Dave Richard, DMA
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DMA Leadership Team
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