



North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Pat McCrory  
Governor

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Secretary DHHS

Dave Richard  
Division Director

September 25, 2013

**MEMORANDUM**

Allocation #:14-MK-01

**TO:** Philip Endress, Director  
MeckLINK Behavioral Healthcare

**FROM:** Kristi Hickman, Budget Officer *KH/KMW*  
DMH/DD/SAS Financial Operations

**RE:** Supplemental Short Term Assistance for Group Homes (Bridge Funding) SFY 14

**MeckLINK Behavioral Health** is allocated **\$312,252** of short term assistance on a **one-time basis** for the group homes in your respective catchment area. The purpose of this one-time allocation is to support recipients who were denied Medicaid-covered personal care services (PCS) services due to changes in Medicaid State Plan as of January 1, 2013.

**Operational Instructions for the LME/MCO Supplemental Short Term Assistance for Group Homes**

Per the requirement established by the Centers for Medicare and Medicaid Services (CMS), persons residing in group homes may not receive Personal Care Services funding (PCS) after January 1, 2013.

The following instructions are to provide guidance for the Local Management Entities/Managed Care Organizations on the payment of services with state funds to individuals that have elected to remain a residence in the facility that does not meet CMS's Home and Community Standards.

The following operational requirements apply to payment for services for the LME/MCO, group homes and clients:

1. The amount received by the LME/MCO will be a one-time allocation of \$464.30 per month per resident of a group home.
2. The resident must have been a continuous resident in the group home since December 1, 2012 and received a Medicaid denial for PCS notice with an effective date of January 1, 2013.
3. The recipient may not receive this funding if a Medicaid appeal has been filed and Maintenance of Service (MOS) has been granted for PCS.
4. Group homes must contact their respective LME/MCO to request and receive an assistance payment. The request for payment from the group home must contain the following:
  - a. Name of the Medicaid Recipient and Medicaid number.
  - b. Name of the group home, Medicaid provider number and tax ID number.
  - c. Signed statement on the invoice that the Medicaid recipient received a denial letter and MOS has not been granted.

www.ncdhhs.gov • www.ncdhhs.gov/mhddsas/  
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5. LME/MCOs shall pay the group homes the designated amount within 10 business days of request for payment.
6. LME/MCOs will request reimbursement from the Division on a monthly basis by submitting the claim on a Financial Status Report (FSR).
7. All payments shall be made to the requesting group homes no later than June 1, 2014.

**FORMAT FOR FUNDING:**

Funds are allocated **outside of UCR**. Reimbursement for funds expended should be requested on the Financial Status Report.

**FUND ALLOCATION:** Center: 1422-5220-00-2F Account: 536998001 Amount: \$312,252

Please do not hesitate to contact Kent Woodson at (919) 733-7013 regarding any questions or concerns about this allocation.

cc: LME Finance Officer  
CPM Section

Financial Operations

BR#12-49; 14-54