



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

Pat McCrory
Governor

Aldona Z. Vos, M.D.
Ambassador (Ret.)
Secretary DHHS

Jim Jarrard
Acting Division Director

April 12, 2013

MEMORANDUM

Allocation #: 13-MK-13

TO: Phil Endress, LME Director
MeckLINK Behavioral Health

FROM: Tina Quiller-Morgan
Financial Operations

RE: CAP-I/DD One-Time Funding – SFY13

MeckLINK LME is allocated \$133,436 on a ***one-time*** basis for the purpose of providing CAP-I/DD funding for former recipients who have elected to remain a resident in Adult Care Homes.

Operational Instructions for the LME on Supporting Former CAP-I/DD Recipients

Per requirement established by the Centers for Medicare and Medicaid Services (CMS), persons residing in an Adult Care Home or a home over 6 beds which do not meet Home and Community Standards (HCS) may not receive CAP-I/DD or Innovation Funding after August 15, 2012.

The following instructions are to provide guidance for the Local Management Entities 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 prior to payment for services for the LME. Adult Care Home and the clients:

1. Individuals that have elected to remain in the non-HCS-compliant home or Adult Care settings are eligible to receive the same services as had been provided with CAP-I/DD funding.
2. The eligibility for services only applies to the individual(s) identified as of July 31, 2012, as residents of Adult Care Homes or homes over 6 beds.
3. The funding option is limited to the specific service the identified individual was receiving as of July 31, 2012.
4. The funding option and payments for services are for those services received after August 15, 2012.
5. All CAP IDD compliance related recordkeeping must be maintained for clients receiving services and made available for review by the LME and the State.
6. The funding option does not apply to persons in the future who wish to live in these homes and who otherwise may be eligible for CAP-I/DD funding.
7. The funding option does not apply if the individuals identified as of July 31, 2012 as eligible for this state funding chooses to move to any other non-compliant ACH.
8. The funding option only applies to individuals identified as of July 31, 2012, and only in the Adult Care Home where they currently reside.

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9. The funding option is client specific and non transferable to other clients or Adult Care Home or a home over 6 beds.
10. The funding option is state MH/DD/SA funding, billed through IPRS by the LME or LME-MCO.

REVISING FUNDING FOR RECIPIENTS OF STATE FUNDING FORMERLY RECEIVING CAP-I/DD OR INNOVATION FUNDING IN HOMES OVER 6 BEDS WHICH DO NOT MEET THE HCS OR ADULT CARE HOMES

For these individuals receiving state funds for former CAP-I/DD or Innovations services, the following apply:

1. The amount being received may not be revised upward. The amount identified in the last current CAP-I/DD or Innovation plan is the most that may be paid for services for these individuals.
2. The services being received must be the same services received as identified in the last current CAP-I/DD plan. Even if the services on the plan are available only to CAP-I/DD recipients, these services are to be made available to these individuals.
3. A person-centered plan (PCP) should be written for each of these individuals.
4. The amount being received may be revised downward if there is a change in the needs of the individual. This is only permissible if a plan is revisited on the same schedule as the plan would have been revisited under CAP-I/DD protocols, i.e., annually, or when life circumstances change substantially enough to warrant such a review. Upon such a review, the LME-MCO and the individual and/or the individual's legal representative would agree to the changes, just as would have been the case under CAP-I/DD requirements. If a dispute arises regarding services within the individual's plan, due process would be made available for hearing such a dispute.

LMEs and LME-MCOs will work with the providers to assure adherence to the program's operation. Services will be monitored by the LME/LME-MCO. The LMEs /LME MCOs will provide the Division with a monthly report as to the status of each individual who continue to reside in these homes and receive these services.

General Instructions for the LME Processing of Claims through IPRS

New IPRS CAP-IDD Adult Care Services

- The Adult Care Home will be a provider of services and paid by the LME for services billed from the allocation.
- Claims sent for reimbursement for this specific client-base should contain the same type of data as all other IPRS-UCR claims.
- These CAP claims will go through the same IPRS adjudication logic, edits and audits as all other IPRS-UCR claims, therefore...
 - The clients will need to be IPRS eligible and have valid IPRS eligibility through this new IPRS benefit package (ADIDD) for the DOS. This is the only IPRS pop group in which the client should be enrolled.
 - The (attending) providers of these services will need to be enrolled in the ADIDD pop-group by the LME.
 - The only attending providers eligible for these services and pop-group in IPRS should have a type/specialty '082/094'.
 - The services that will be included in this benefit package are listed in the crosswalk below.
 - The LME should submit the IPRS crosswalk value on the claim.
- *Special Note: The extent of these services is for this benefit package only and the clients who are originally enrolled in the package. There are a fixed number of eligibility slots for ADIDD and there are no substitutions allowed in this benefit package. If a client decides to leave the current facility, they will no longer be eligible for services under this benefit package. Further, if a client is no longer ADIDD eligible, this eligibility slot will not be made available for any other consumer. There will be edits in the system to confirm client eligibility of these claims.*

- The clients enrolled in the ADIDD pop-group will not be eligible for any other IPRS valid service nor any Medicaid behavioral health related service.
- The results of the claims adjudication process and client enrollment will be shown in the existing R2W reports where applicable and will also be included on the 835s.
- These claims will be subject to the same timely-filing guidelines as specified for the current SFY.
- LMEs will need to set-up Prior Approvals (PA) in IPRS based upon an allotted amount per service, per client. Therefore each client/service combination will require its own PA in the IPRS browser.

DMA code	Description	IPRS Crosswalk
T2021HQ	Day Supports Group	YM100
T2021	Day Supports Individual	YM101
H2015HQ	Home and Community Supports – Grp	YM102
H2015	Home and Community Supports – Ind	YM103
H2023HQ	Long Term Vocational Support Group	YM104
H2023	Long Term Vocational Support Individual	YM105
H2016	Residential Supports Lvl-1	YM106
T2014	Residential Supports Lvl-2	YM107
T2020	Residential Supports Lvl-3	YM108
H2016HI	Residential Supports Lvl-4	YM109
T2025	Specialized Consultative Services	YM110
H2025HQ	Supported Employment -Grp	YM111
H2025	Supported Employment -Ind	YM112
H2015	Community Networking	YM113
H2015HQ	Community Networking - Group	YM114
	Community Networking -	
H2015U1	Classes/Conferences	YM115
T2041	Community Guide	YM116
T2013	In-Home Skill Building	YM117
T2013HQ	In-Home Skill Building - Group	YM118

FORMAT FOR FUNDING:

Federal funds realigned **outside of UCR** will be paid on a reimbursement basis and should be requested on the Financial Status Report. Federal funds realigned **within UCR** will be settled based on earnings. [***NOTE: State funds are paid on a monthly basis to Single Stream LMEs.**]

SPECIAL CONDITIONS:

1. The award of these funds shall not be used by a county as a basis to supplant any portion of a County’s commitment of local funds to the area authority.
2. If these funds are to be used to support a new service for which a license and/or accreditation is required, such licensure/accreditation must be completed prior to the delivery of services.
3. If these funds will be used for a new service which does not have an established reimbursement rate, a new Service Objective Form must be submitted and approved before any payments will be made.

SPECIAL REPORTING REQUIREMENTS: *As of 3/14/07, Language to Accompany all Approved Transfer to Non-UCR funds is as follows* “LMEs shall provide a year-end report to Spencer Clark, Community Policy Management (CPM) Section, no later than July 31.

FUND ALLOCATION: Center: 1422-5220-00-2F Account: 536998 Amount: \$133,436

Please do not hesitate to contact Sandy Ellsworth, Community Policy Management, at (919) 715-2774 regarding any questions or concerns about this allocation.

cc: LME Finance Officer CPM Section Financial Operations

BR#14-283