

CAP-MR/DD Flow Narrative for Access and Eligibility for New Applicants

STEP 1: STR

The Standardized Consumer STR (Screening/Triage/Referral) Interview and Registration Form is required to be completed by all facilities performing STR. STR is appropriate only for all new applicants for services, or for inactive consumers seeking services in a new episode of care (minimum of no billable services within prior 60 days). During the STR screening process the following timeframe, referrals and severity of needs are to be considered: Emergent Need (2 hours maximum for service initiation); Urgent Need (48 hours maximum for service initiation); Routine need (14 calendar days maximum for service initiation) and Non Threshold Clinical Needs (Referral to Community Resources only). Please refer to the following link on the DDMH/DD/SAS website for further clarification of timeframes and severity of needs:

<http://www.ncdhhs.gov/mhddsas/statspublications/manualsforms/index.htm>

(STR-(Interview and Registration) Form: Standardized Consumer STR Interview and Registration Form (6/2/08))

Please note: *STR DOES NOT DETERMINE MEDICAL NECESSITY & EPSDT (for Medicaid eligible) is considered through this process.*

Determination of eligibility for developmental disability services based on the NC statutory definition of developmental disability is not made during the STR process. This determination is made as a function of the comprehensive clinical assessment in collaboration with Targeted Case Manager (TCM).

STEP 2A & 2B: Referral for Comprehensive Clinical Assessment and TCM Agency (A Simultaneous Action) - thirty (30) days to complete

If an individual is presumed to meet the target population criteria as having intellectual and/or developmental disabilities (IDD), the individual is referred for targeted case management services as well as a Comprehensive Clinical Assessment, both of which are approved Medicaid services and are preauthorized for thirty (30) days. The Comprehensive Clinical Assessment can be billed through a variety of evaluation and assessment procedure codes. Should an individual/family contact a provider first, the provider is responsible for notifying the LME and ensuring that service authorization is received for the individual to receive targeted case management and a Comprehensive Clinical Assessment. The comprehensive clinical assessment serves as the basis for the person-centered plan. The referral for targeted case management and the completion of the Comprehensive Assessment are to occur simultaneously. The comprehensive clinical assessment must be completed within thirty (30) days of referral of the STR.

2A. Referral for Comprehensive Clinical Assessment should be completed. The Comprehensive Clinical Assessment serves as the basis for the person-centered plan. Both the comprehensive clinical assessment and the person centered plan must be completed within thirty (30) days of referral. **The information gathered** through the comprehensive clinical assessment process is essential in formulating a diagnosis and plan of treatment. For individuals with intellectual and/or developmental disabilities (IDD) it provides a basis for identifying the comprehensive service and support needs of the consumer. The comprehensive clinical assessment must also establish that the individual meets the requirements of the definition of intellectual and/or developmental disabilities in North Carolina through

a cognitive and adaptive behavior assessment or concurrence with previous assessment. Also individual being considered for CAP-MR/DD waiver funding must meet ICF/MR Level of Care (LOC). **Not everyone who meets the requirements of the definition of intellectual and/or developmental disabilities (IDD) will meet the ICF-MR Level of Care.**

Please refer to Implementation Update # 36 through the following link located on the DMH/DD/SAS website to identify all the elements that a Comprehensive Clinical Assessment should contain.
<http://www.dhhs.state.nc.us/mhddsas/servicedefinitions/servdefupdates/dmadmh11-5-07update36.pdf>

2B: Referral to TCM Agency

In the case of individuals presenting with intellectual and/or developmental disabilities a referral to a Targeted Case Management agency is made through the STR process. This referral must be completed within thirty (30) days of referral of the STR.

STEP 3: TCM

When a provider (Targeted Case Management agency) has been chosen the following activities are to be completed:

- ❖ **Financial Eligibility Determined:** At the time of the initial visit, the TCM should verify that the individual has a valid Medicaid for the Disabled card or has received a letter from the local Department of Social Services (DSS) which indicates that the individual has been approved for Medicaid. The TCM is responsible for follow-up with the local DSS to verify that the participant remains eligible (*These are programs and can be found on the Medicaid card. ADULTS: (MAA) Medicaid for the Aged, (MAD) Medicaid for the Disabled. (MAB) Medicaid for the Blind, (SAA) Special Assistance for the Aged, (SAD) Special Assistance for the Disabled. CHILDREN: (MAD) Medicaid for the Disabled, (MAB) Medicaid for the Blind, (I-AS) IV-E Adoption Subsidy and (HSF) State Foster Home assistance.*)
In the event Medicaid for the Disabled financial eligibility has not been determined the TCM will ensure that the participant and/or family complete an application with the local DSS (**the approval process may take up to ninety (90) days**). The TCM should follow-up with the participant, family and the local DSS to ensure that financial eligibility for Medicaid for the Disabled has been determined.
- ❖ Eight (8) hours unmanaged begins (if currently Medicaid eligible)
- ❖ CTCM submitted to VO
- ❖ Review of Comprehensive Clinical Assessment.
 - The Comprehensive Clinical Assessment serves as the basis for the person-centered plan. Both the Comprehensive Clinical Assessment and the person centered plan must be completed within thirty (30) days of referral from STR.
- ❖ Updated/Current Psychological Evaluation completed.
 - Children new to DMH/DD/SAS system the psychological assessment must have been completed within the last calendar year
 - Adults new to DMH/DD/SAS system the psychological assessment must have been completed within the last calendar three yearA licensed psychologist may determine that in some cases an older psychological evaluation is still valid with an update/addendum indicating that the attached evaluation remains valid, dated and signed by the licensed psychologist.

- ❖ Review all other current supporting documentation (i.e. Medical evaluation; Dental evaluation; Neurologist evaluation, Nutritional evaluation; OT/PT evaluation; IEP –Individual Education Plan’ Psycho-Social evaluation; Hospital Discharge; Justification for Equipment; Behavior Plan)
- ❖ Once an individual is selected to receive a waiver slot, the targeted case manager will coordinate the completion of the MR2 with the individual’s physician. The physician must sign the MR2 and the MR2 is valid for thirty (30) days from the date of the physician’s signature. Since the MR2 is only valid for thirty (30) days from the date that it is signed by the physician, it is expected that the TCM will submit the MR2 and other accompanying documentation to the LME within three (3) days of the physician’s signature.
- ❖ The TCM will begin to prepare the individual/legally responsible person (s)/family member(s) for the process of **READY FOR SERVICES**
 - ***Ready for Services:** The individual/legally responsible person(s)/family member(s) and TCM have made a choice as to which provider will render services and supports that will best meet the needs of the individual. They have carefully considered the needs and supports of the individual to receive services, which include natural supports, non- paid and paid supports.

STEP 4: LME

In the event an individual/legally responsible person requests waiver funding or if it is determined that waiver funding would assist with meeting the needs of a consumer currently receiving Medicaid or State funded services, the LME must complete a Prioritization Tool. The prioritization tool is used to determine the urgency of need for the individual

- ❖ The LME must complete a Prioritization Tool with the individual/legally responsible person and assist in determining the urgency of need for individuals.

NOTE: If a person or his/her legal representative desires to complain about a LME prioritization decision, the local Area/County Programs consumer complaint processes and procedures must be followed (See CAP-MR/DD Manual for further instructions).

- ❖ Once an individual is selected to receive a waiver slot, the targeted case manager will coordinate the completion of the MR2 with the individual’s physician. The physician must sign the MR2 and the MR2 is valid for thirty (30) days from the date of the physician’s signature. Since the MR2 is only valid for thirty (30) days from the date that it is signed by the physician, it is expected that the TCM will submit the MR2 and other accompanying documentation to the LME within three (3) days of the physician’s signature.

NOTE: If funds are not available, the MR2 is not completed at this time, but must be completed by a physician or licensed psychologist once funding has been identified as available by the LME. It is the expectation that services are implemented within one hundred and twenty (120) days of slot allocation.

- ❖ A representative of the LME is expected to submit the MR2 and accompanying documentation to Murdoch Center within five (5) days of receiving a completed MR2 and accompanying documentation from the TCM. A comprehensive clinical assessment (psychological evaluation) including adaptive and cognitive functioning must accompany the MR2 form.

- ❖ A representative of the LME faxes the completed MR2 form (indicating the appropriate waiver Supports or Comprehensive) to Murdoch Center. The MR2 must be complete and include signatures of the LME representative and a physician or licensed Ph.D. psychologist. Contact information for the case manager, physician/licensed psychologist, relative/guardian, recipient and the LME contact representative must be included. The MR2 and accompanying documentation are faxed to Murdoch Center within five (5) days the physician has signed the MR2.

STEP 5A: TCM Follow Up

- ❖ Pending the Level of Care (LOC) determination, the Targeted Case Manager must work with the individual/legally responsible person to apply for CAP-MR/DD Medicaid through the local DSS. Although the individual may be currently Medicaid eligible it is critical that the individual/legally responsible person inform DSS eligibility that they are requesting CAP-MR/DD Medicaid for which requirements may be different than non waiver coded Medicaid. The appropriate CAP-MR/DD Supports or Comprehensive indicator will be “entered” by DSS once DSS receives an approved & stamped MR2 (Level of Care has been determined); copy of approved Person Centered Plan from the LME

STEP 5B: Murdoch completes LOC

The following steps must occur for completion of determination of ICF-MR Level of Care (LOC):

- ❖ Upon receipt of the MR2 and a current psychological evaluation, Murdoch Center will stamp each document with the date received. Should the packet not be complete, the contact person of the LME will be notified via fax and required information will be requested. The request for Prior Approval (which is the tracking number for authorization for CAP-MR/DD services) from EDS is considered pending until the information is received by Murdoch Center. The LME contact person requesting ICF-MR level of care determination will have five (5) business days to furnish the required information to Murdoch Center or will be notified by a letter entitled **Return Improper Request of Provider** with a copy sent to the recipient.
- ❖ Should Murdoch Center require additional information beyond the MR2 and psychological evaluation, the recipient and the LME requesting Prior Approval will be notified by **Notice of Request for Additional Information**. The LME contact person will have five (5) business days to furnish the additional information to Murdoch Center or the request will be denied.
- ❖ Once the submitted packet is complete and any additional requested information is received, Murdoch Center will have five business days to make a ICF/MR Level of Care determination.
- ❖ Once a decision to authorize ICF/MR Level of Care is made, Murdoch Center will obtain a prior approval number. Murdoch Center will then fax the MR2 with the prior approval number to the designated LME contact person. The LME is responsible for notifying the case manager within one (1) working day that a prior approval number has been obtained.

Step 5C: LME Mails Original MR2 to Murdoch:

- ❖ Once the LME contact receives the prior approval number, they will have five (5) business days to mail the original MR2 with the authorization number to Murdoch. If the MR2 is not received by Murdoch Center within five (5) business days, the prior approval is voided and EDS, the recipient, and the LME contact person will be notified and the process must be going again.

Step 5D: Murdoch Stamps Original MR2 Approved:

- ❖ Upon receipt of the completed MR2, Murdoch will stamp “Approved” with an authorization signature on the original as well as the two colored copies. Murdoch Center will have five (5) business days to send the original stamped MR2 to the LME via certified mail.

Step 5E: LME sends copies to appropriate recipients:

- ❖ Once the LME contact person receives the original stamped MR2 the LME , must mail the blue, stamped copy of the MR2 to the appropriate DSS, and the pink, stamped copy to the case manager within five (5) days of receipt to insure that services begin in a timely manner and for entrance into the permanent record of the individual. The LME must retain a copy for its files. If the recipient is living in a facility requiring a license, the targeted case manager must make sure that the facility has a copy as well. The LME will also submit to the complete Person Centered Plan (the VO approved Person Centered Plan) to DSS within forty five (45) days of the MR2 approval. If the LME has not submitted these documents the DSS, the appropriate CAP-MR/DD Supports or Comprehensive indicator will not be “entered” by DSS.

Step 5F: Denial of ICF-MR Level of Care:

- ❖ If Murdoch Center clinical staff determines that the individual does not meet the ICF-MR level of care, the person requesting prior approval will be notified via fax and the Notice of Denial of Service Request will be sent via certified mail, within ten (10) days of the initial faxed notification, to the recipient with copies to the recipient/legal guardian, LME contact who made the request, case manager, physician and LME representative. Attached will also be Appeal Request Form.

STEP 6: TCM

The TCM will ensure the following actions have been completed:

- ❖ LOC Eligible
- ❖ Medicaid Eligible
- ❖ CTCM submitted to UR
- ❖ MR-2 (stamped & sign)
- ❖ Person Centered Plan
 - ❖ Submit to UR for authorization of services within 30 days of the signature of the physician has signed the MR2. If the Person Centered Plan is not received within the time limit of the thirty (30) days that the MR2 was signed by the physician, a new MR2 must be obtained and the process for current MR2 reinitiated.
 - ❖ Person Centered Plan (PCP) completed within 30 days – which identifies the needs/services, providers to render services and are **Ready for Services***
 - ***Ready for Services:** The individual/legally responsible person(s)/family member(s) and TCM have made a choice as to which provider will render services and supports that will best meet the needs of the individual. They have carefully considered the needs and supports of the individual to receive services, which include natural supports, non- paid and paid supports.

STEP 7

CAP-MR/DD Waiver Services Rendered

- ❖ It is the expectation that services are implemented within one hundred and twenty (120) days of slot allocation along with the LOC approval, valid MR2, and approved Person Centered Plan. When services have not been implemented within the time period of ninety (90) days of slot allocation then the LME and Targeted Case Manager (incorporation with one another) will submit a plan of correction that includes recommendations and solutions to DMH/DD/SAS to explain the reason for delay of services beyond one hundred and twenty days (120) days of slot allocation.