

To: All Enrollees, Stakeholders, and Providers
From: Cham Trowell, Utilization Management (UM) Director
Date: April 28, 2017
Subject: Trillium Benefit Plan updates

Trillium Health Resources manages a state funded services benefit plan. Per NC statutes, these benefits are not an entitlement. People who are not eligible for Medicaid or who do not have other third party insurance may receive state behavioral health and intellectual and other developmental disability services if they meet medical necessity criteria and if funding is available for the benefit that they are requesting. State services are prioritized for those people with the highest needs for services and for whom no other insurance coverage exists to pay for medically necessary services. State funding is not always available for people who have coverage for behavioral healthcare, but whose insurance does not cover a particular service. For example, Medicare will not cover outpatient services delivered by a Licensed Clinical Addictions Specialist (LCAS). State services will not be authorized in that circumstance because the person may receive Medicare-reimbursed outpatient services delivered by another category of licensed clinician. State services cannot be used when other Medicaid services can meet the needs. Medicaid eligible individuals with intellectual and other developmental disabilities may receive limited State services not included in the Medicaid State Plan if they are not on the Innovations Waiver, subject to availability of funds. Medicaid eligible individuals with behavioral health issues also may receive certain State services not included in the Medicaid State Plan, subject to availability of funds.

All individuals who are eligible for a state funded target population and receiving any service funded with state dollars should complete an application for Medicaid funding and pursue those entitlements. Trillium Health Resources will frequently request evidence of application for Medicaid coverage for target populations and linkage with a primary care doctor in clinical documents submitted with treatment authorization requests or at the time of on-site monitoring.

The service array for the State service plan has been updated:

- **Community Support Team** - This benefit is available to individuals stepping down from ACTT or who are at risk of hospitalization. This benefit will be authorized for one episode of treatment per member per year. Members should apply for Medicaid within the first 30 days of service.
- **Psychosocial Rehabilitation** - This benefit is limited to 80 hours per member per month effective July 1, 2017. Providers should not expect that all individuals will get 80 hours of service authorized per month. 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. All members must have a step down plan. Authorizations will be limited to 6 months per person per year. All members should be assisted to apply for Medicaid coverage within the first 30 days of service.

- **Assertive Community Treatment Team** - This benefit is authorized in 30 day increments for state services and no more than 5 months per member per year. All members must apply for Medicaid who receives this service within the first 30 days of authorization.
- **Multi-Systemic Therapy** - Trillium will authorize one episode of treatment for this service.
- **Developmental Therapy**- This is a habilitative service designed to assist with carrying out home care plans for Occupational, Physical and Speech Therapy for school age children only. Goals for this service must be written in measureable language and progress notes must measure progress toward goal attainment. Individuals who receive this service must live at home and cannot attend ADVP, Day Activity programs nor receive any Long Term Supported Employment or Follow Up nor can they receive any Personal Assistance or Medicaid personal care. This benefit is closed to new admissions effective May 1, 2017. This benefit will be reduced to no more than 30 hours a month of Individual OR 60 hours a month of group effective July 1, 2017. Current authorizations will be adjusted to reflect the change in available hours.
- Personal Assistance Individual and Group - This benefit is available to children or adults who meet the criteria for Developmental Disability. This service is not available to individuals who receive Innovations. Individuals who get this service cannot receive Developmental Therapy, Respite, ADVP, Day Activity, or any type of Residential service. This benefit is closed to new admissions effective May 1, 2017. This benefit will end for all Medicaid covered members effective June 30, 2017 most of whom have already been transitioned to other services. This benefit will be reduced to no more than 20 hours per month of individual or 40 hours a month for group services effective July 1, 2017. All authorizations will be adjusted to reflect this new benefit limit. There will be no exceptions to the limit
- Long Term Follow Up and Supported Employment- This benefit is no longer available to members with Medicaid coverage effective May 1, 2017. All members with Medicaid should be transitioned to b-3 Medicaid benefits to receive their supported employment or long term follow up. All members that receive this benefit should apply for Medicaid. This benefit will be limited to no more than 40 hours per year per member. All current authorizations will be adjusted to reflect the benefit limit.
- Respite (hourly) -This benefit is limited 40 hours per month and is not available to members who receive any other authorized benefits.

To ensure funding remains available for people who continue to meet medical

necessity criteria and are currently receiving state funded services Trillium Health Resources will continue to monitor expenses and change or increase benefits as funding allows.