



"Service - Excellence - Compassion"

Southeastern Center MH/DD/SAS  
PO Box 4147  
Wilmington NC 28406

Phone: 910-332-6888  
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**SEC STATE FUNDED BENEFIT PLAN FY11**  
**(Benefit Plan year is July 1, 2011- June 30, 2012)**  
March 20, 2012

**Mental Health, Developmental Disabilities and Substance Abuse Services (Adult and Child)**

This is the benefit plan for state-funded services available to residents of Southeastern Center's three counties: Brunswick, New Hanover and Pender. All individual consumers receiving services under this plan must be registered and active with Southeastern Center through the web portal admission process and the CDW system. The benefit plan is designed in order to promote the availability of scarce resources for a greater number of people. Authorization requests outside the benefit plan limitations will be returned as unable to process. When a service has reached budgeted capacity for the month any further authorization requests for that service will be returned as unable to process. A notice will be posted on the SEC website any time we have reached our monthly capacity. Annual benefit applies to the state fiscal year which is July 1 – June 30.

Medical/Clinical Necessity is the basis for determining those services that are indicated as appropriate to meet the specific intensity level for each individual consumer. Services are designed to be sufficient in scope, duration, intensity and amount to reasonably achieve the expected goals and outcomes as described in the person-centered plan. The NC Divisions of Mental Health/Developmental Disabilities/Substance Abuse Services and Medical Assistance (Medicaid) have published service definitions with imbedded medical/clinical necessary criteria as well as utilization management criteria. These service definition requirements are utilized in conjunction with levels of care guidelines defined below to inform the authorization process.

Diagnoses not covered by this benefit plan (in addition to those not covered by the state target populations) include:

- ◆ All NOS (not otherwise specified) with the exception of Psychotic Disorder NOS, Pervasive Developmental Disorder and Disruptive Behavior Disorder NOS
- ◆ Personality Disorders with exception of Borderline personality Disorder
- ◆ Anxiety Disorders with the exception of Panic Disorder with Agoraphobia, Post-traumatic Stress Disorder and Obsessive-Compulsive Disorder
- ◆ Somatoform Disorders
- ◆ ADHD in adults.
- ◆ Adjustment disorders.
- ◆ Substance ABUSE diagnoses (i.e. must be dependence; exception for children and youth)

Levels of Care criteria are utilized through GAF scoring for adult and child mental health consumers (as well as child substance abuse), SNAP scoring for developmentally disabled consumers and ASAM criteria for adult substance abuse consumers.

	MH	DD	SA
<b>Level A</b>	GAF 70-80	SNAP 11-33	ASAM 0.5
<b>Level B</b>	GAF 51-70	SNAP 34-56	ASAM I
<b>Level C</b>	GAF 31-50	SNAP 57-79	ASAM II.1-II.5
<b>Level D</b>	GAF < 31	SNAP 80+	ASAM III.1-III.7,III.9 or higher



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<b>ADULT MENTAL HEALTH</b>				<b>Levels &amp; GAF score</b>			
<b>Service/ Level of Care</b>	<b>Authorization Limits</b>	<b>Authorization Period</b>	<b>Maximum/Limits/ Special Instructions/Exclusions</b>	<b>A 70-80</b>	<b>B 51-70</b>	<b>C 31-50</b>	<b>D &lt;31</b>
Comprehensive Clinical assessment	One per 6-month period.	at 6 months intervals per consumer	Please provide date of last assessment. Assessments not certified for transfers from one provider to another within same level of care and not certified for discharges from a facility back to same provider.	✓	✓	✓	✓
Assertive Engagement	8 units	First 30 days	Not applicable once engaged with a provider.	✓	✓	✓	✓
ACT Team	4 events per month	Initial request 30 days then 180 days	One ACTT provider at a time; ACTT and all other services excluded from same authorization period. Please remember to still enter each month separately in Carelink.			✓	✓
Psychosocial Rehabilitation	320 units per month	Initial request 90 days then 180 days	ACTT and PSR excluded from same authorization period. Please remember to still enter each month separately in Carelink. <b>GAF 60 or below.</b>		✓	✓	✓
Supported Empl Long Term	16 units per month	Monthly		✓	✓	✓	✓
TCM	4 events	Monthly	Consumers who have had 3 episodes of crisis services, inpatient and/or incarceration within past 12 months <b>and /or are currently in a facility in need of transitioning to the community service array or have been discharged and in need of linkage to ensure appointment is kept within 7 days of that discharge.</b>			✓	✓
Individual Therapy	Two events/8 units	Monthly	6 events/24 units annual benefit for fiscal year to engage into group or other enhanced service as indicated. Cannot be certified concurrently with any other service (except psychiatric).		✓	✓	✓
Group Therapy	4 events or 24 units	Monthly	Cannot be certified concurrently with any other service (except psychiatric).		✓	✓	✓
CS team	64 units	60 days	Six months for the course of treatment. <b>GAF up to 60 may be considered for step-down from a higher level of care; otherwise must be 50 or below.</b> Please remember to still enter each month separately in Carelink.		✓	✓	✓
DBT	Combination of med. mgmt., ind. & group per best practice	First 30 days then quarterly.	5 slots available in this clinical track with designated provider. Course of treatment expected to be one year. Consumers who have had 3 or more episodes of crisis service, inpatient and/or incarceration. Please remember to still enter each month separately in Carelink.			✓	✓
Partial Hospitalization	Per diem	7 days	Minimum of 4 hours per day 5 days per week. Exclusions: all other services Expected course of treatment not to exceed 6 weeks.			✓	✓
Psychological Evaluation	3 units (1 unit equals 1 hour)	N/A	Limit one evaluation per 2 years. Please enter date of previous evaluation in comments.			✓	✓



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<b>ADULT SUBSTANCE ABUSE</b>				<b>Levels &amp; ASAM Criteria</b>			
<b>Service/ Level of Care</b>	<b>Authorization Limits</b>	<b>Authoriza- tion Period</b>	<b>Maximum/Limits/ Special Instructions/Exclusions</b>	<b>A 0.5 or Opioid</b>	<b>B I</b>	<b>C II.1- II.5</b>	<b>D III.1- III.7,II I.9-IV</b>
Comprehensive Clinical assessment	One per 6-month period.	at 6 months intervals per consumer	Please provide date of last assessment. Assessments not certified for transfers from one provider to another within same level of care and not certified for discharges from a facility back to same provider.	✓	✓	✓	✓
Assertive Engagement	8 units	First 30 days	Not applicable once engaged with a provider.	✓	✓	✓	✓
Non-hospital medical detoxification	5 days	weekly	May request additional days based upon diagnosis and ASAM criteria				✓
TCM	4 events	Monthly	Consumers who have had 3 episodes of crisis services, inpatient and/or incarceration within past 12 months <b>and /or are currently in a facility in need of transitioning to the community service array or have been discharged and in need of linkage to ensure appointment is kept within 7 days of that discharge.</b>			✓	✓
Individual Therapy	2 events/8units	Annual benefit	Limited to motivational interviewing for difficult to engage. Cannot be certified concurrently with any other service (except psychiatric).		✓	✓	✓
Group Therapy	<b>84 unit annual limit on tiered and/or SAIOP</b>	Monthly	Cannot be certified concurrently with any other service (except psychiatric). <b>Tiered group sessions up to three times per week based upon dual diagnosis (SA/MH or SA/DD) and level of need.</b>		✓	✓	✓
Methadone	Per diem event	Initial 30 days then quarterly		✓	✓	✓	✓
SAIOP	12 events per 30 days <b>84 unit annual limit on tiered and/or SAIOP</b>	Initial 30 days then 60 days	Course of treatment is 36 events over 12 weeks. 2 additional weeks may be requested in exceptional circumstances. Limited to two opportunities within the fiscal year to complete the course of treatment. Cannot be certified concurrently with any other service (except psychiatric and residential). Priority to be given to consumers who have failed at outpatient or are being discharged from detox.			✓	
Group residential	Per diem	Monthly	ASTER – two beds available ASWOM – Kelly house ASCJO – Drug Court referrals only		✓	✓	✓



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<b>CHILD MENTAL HEALTH &amp; SUBSTANCE ABUSE</b>				<b>Levels &amp; GAF score</b>			
<b>Service/ Level of Care</b>	<b>Authorization Limits</b>	<b>Authorizatio n Period</b>	<b>Maximum/Limits/ Special Instructions/Exclusions</b>	<b>A &gt;70</b>	<b>B 51-70</b>	<b>C 31-50</b>	<b>D &lt;31</b>
Comprehensive Clinical assessment	One per 6-month period.	at 6 months intervals per consumer	Please provide date of last assessment. Assessments not certified for transfers from one provider to another within same level of care and not certified for discharges from a facility back to same provider.	✓	✓	✓	✓
Assertive Engagement	8 units	First 30 days	Not applicable once engaged with a provider. Send a request for authorization if more time is needed to complete admission process with consumer.	✓	✓	✓	✓
Individual Therapy	12 events or 48 units	Annual benefit		✓	✓	✓	✓
Group Therapy	8 events or 48 units	Every 60 days		✓	✓	✓	✓
Family Therapy	8 events or 32 units	Every 60 days		✓	✓	✓	✓
Psychological Evaluation	3 units (1 unit equals 1 hour)	N/A	Limit one evaluation per 2 years. Please enter date of previous evaluation in comments.	✓	✓	✓	✓
Intensive In-Home	16 events (min.2 hours per diem to be billable event) per 30 days	Monthly	Exclusions: case management, MST, day treatment, outpatient therapy, SAIOP or residential level II program type through PRTF. Expected course of treatment is 16 weeks.			✓	✓
SAIOP	12 events per 30 days	Initial 30 days then 60 days	IOP cannot be billed at the same time as SACOT or any detox service. Course of treatment is 36 events over 12 weeks. 2 additional weeks may be requested in exceptional circumstances.		✓		



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<b>ADULT &amp; CHILD DEVELOPMENTAL DISABILITIES</b>				<b>Levels &amp; SNAP SCORES</b>			
<b>Service/ Level of Care</b>	<b>Authorization Limits</b>	<b>Authorizatio n Period</b>	<b>Maximum/Limits/ Special Instructions/Exclusions</b>	<b>A 11-33</b>	<b>B 34-56</b>	<b>C 57-79</b>	<b>D &gt;80</b>
Comprehensive Clinical assessment	One per 6-month period.	at 6 months intervals per consumer	Please provide date of last assessment. Assessments not certified for transfers from one provider to another within same level of care and not certified for discharges from a facility back to same provider.	✓	✓	✓	✓
TCM	Two events per month.	Initial 60 days then annual	Must have primary DD diagnosis. Ages 3 and older. Reminder: TCM provider cannot provide any other services to same consumer. Annual authorization cannot exceed the fiscal year or PCP expiration date.	✓	✓	✓	✓
Psychological Evaluation	3 units (1 unit equals 1 hour)	N/A	Limit one evaluation per 2 years. Please enter date of previous evaluation in comments	✓	✓	✓	✓
Personal Assistance is closed to new referrals	Limits are per level of care	90 days	PA and AFL are excluded from same authorization period. Please remember to still enter each month separately in Carelink.	<b>24 hrs</b>	<b>32 hrs</b>	<b>40 hrs</b>	<b>48 hrs</b>
ADVP	120 hours per month	90 days	Max ADVP & Sup Empl Group combination not to exceed 120 hours per month. Expectation for Mild MR would be that the consumer is referred to VR for supported employment in an independent job placement. Any request for ADVP would be subject to a clinical review. Please remember to enter each month separately in Carelink.	✓	✓	✓	✓
Supported Employment Group (open to 16 years of age and older)	120 hours per month	90 days	Max ADVP & Sup Empl Group combination not to exceed 120 hours per month. Expectation for Mild MR would be that the consumer is referred to VR for supported employment in an independent job placement. Any request for Group SE would be subject to a clinical review. Please remember to enter each month separately in Carelink.	✓	✓	✓	✓
Supported Employment Long Term	16 units per month	90 days	Please remember to still enter each month separately in Carelink.	✓	✓	✓	✓
Group Residential or AFL closed to new referrals.	per diem event	6 months	AFL and PA are excluded from same authorization period.	✓	✓	✓	✓
Supervised and Unique Residential closed to new referrals.	per diem event	6 months	PA and AFL are excluded from same authorization period.			✓	✓
Respite	Hourly – 8 hours Community – 2 days	Monthly	Emergency need for relief of primary caregiver to address the health, safety, nutritional and daily living needs of the consumer.	✓	✓	✓	✓



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### CRISIS SERVICES

Service/ Level of Care	Authorization Limits	Authorizatio n Period	Maximum/Limits/ Special Instructions/Exclusions
Walk-in crisis clinic	N/A	N/A	Accessed through the call center.
Mobile Crisis	12 units (15 minute increments) initially	7 days	If amount of service needed is more than the initial authorization of 3 hours, the request must state in the comment section that the initial MCM authorization is being withdrawn and replaced with current request for additional units for up to 8 hours total. Maximum length of service is 24 hours per episode.
Facility Based Crisis	112 units (16 hours per day times 7 days) unit equals one hour.	Additional authorization not to exceed 8 days (128 units)	Cannot exceed 15 days per treatment episode and cumulative not more than 30 days in a 12-month period.
Psychiatric inpatient Adults	7 days	weekly	Current contract is with NHRMC Behavioral Health. Expected course of treatment is 7 days.
Psychiatric inpatient Children and adolescents	7 days	weekly	Current contracts are with Brynn Marr and Holly Hill hospitals. Expected course of treatment is 7 days.