

**Smoky Mountain Center LME/MCO
Intellectual/ Developmental Disabilities State Benefit Plan and Level of Care Guidelines**

Revised Effective 10/1/2013

This is the benefit plan for State-funded Developmental Disabilities services for Child and Adult residents of the Smoky Mountain Center catchment area of Alexander, Allegheny, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes and Yancey Counties.

LME funds are the payment of last resort- all other payer sources, including Medicaid, Medicare, and insurance benefits must be used prior to requesting authorization of services from the LME/MCO. Providers may be reimbursed only for those specific services included in their contracts with SMC. Some services for particular age/disability groups in selected counties may only be provided by designated providers. Funding availability for some services differs among SMC regions; availability of funding and funding level in one region does not guarantee the same availability of funding in another region. For questions about eligibility for services in a given county, please consult with a Smoky Mountain Center Care Manager by calling 866-990-9712.

All individuals receiving services under this plan must be registered and active with SMC and CDW systems (see the SMC Provider Manual) for specific registration and enrollment requirements.

In order for a new individual to receive services, the interested individual or their family member must call SMC's Access line at 800-849-6127 and ask to be added to the Registry of Unmet Needs. Individuals will be contacted in the order they were added to the waitlist to determine eligibility for services and referral to service providers.

The services in this Benefit Plan are listed by consumer Level of Care, determined by the consumer's current NC-SNAP rating. This plan represents the array of services determined to best meet the needs of most consumers within the available funding. Maximum numbers of units are shown for services with limits on the service intensity that may be authorized. The authorization time periods pertain to consumers' episodes of care, not calendar year or contract year. Continued services across contract years are authorized according to a consumer's episode of care and do not start over with a new year. Likewise, transition of a consumer to a new provider does not necessarily begin a new episode of care; providers are encouraged to consult with an LME Care Manager regarding services that may be authorized upon transition to a new provider. In order to be authorized, services in the Level of Care Guidelines must be determined to be medically necessary at a specific intensity

level for each individual consumer. There is no entitlement for authorization of these services at any intensity level—consumers are not eligible for services solely on the basis of being at a given Level of Care. The maximum number of units listed in the Level of Care Guidelines is not necessary for all consumers requiring the service—the necessary amount of service must be determined individually for each consumer. Individuals receiving multiple services generally require lower amounts of services than individuals receiving a single service. The service intensities listed in the Guidelines are the maximum amounts that will be necessary and approved for most consumers at a given Level of Care. Services at a higher level of intensity than that listed in the Guidelines may be requested and will be reviewed for approval by Care Managers. Three criteria must be met in order to authorize services at an intensity that is higher than that listed in the Guidelines: (1) the higher level of intensity is determined to be medically necessary; (2) it is established that the consumer will be at serious risk of deterioration or other harm if the higher intensity level is not provided; and (3) SMC has funding available for the higher intensity level.

NC Innovations Waiver participants are not eligible for state-funded services.

Some services (e.g., Assessment) do not require preauthorization by the LME. However, all services provided under this plan are subject to post-payment review by SMC that may result in required corrective actions and/or recoupment of payments if found to have not been medically necessary when provided or to have not been provided according to NC DHHS and Smoky Mountain Center Service Definitions and other requirements in the provider's contract with Smoky Mountain Center.

Any and all services provided under this benefit plan are subject to the availability of funds as determined by Smoky Mountain Center LME/MCO. This plan should not be interpreted as an entitlement for any person who receives services.

Intellectual/ Developmental Disabilities	Level of Care: A (SNAP Index Score 11-44)		
Service	Billing Code	Auth Required?	Service Intensity for 90 day period
Comprehensive Clinical Assessment	90801	No	
Psychological Testing	96101/ 96111	Yes	
Long Term Vocational Supports¹	YA389	No	
Mobile Crisis Management	H2011	No	
Adult Developmental Vocational Program (ADVP)	YP620	No	
Supported Employment	YA390	No	
Supervised Living Low/ Moderate	YP710/ YP720	Yes	Annual
Group Living Low/ Moderate	YP760/ YP770	Yes	Annual
Family Living (AFL) Low, Mod, High	YP740/ YP750/ YP755	Yes	Annual
MR/MI Supervised Living Levels 2-6	YM81x	Yes	Annual
Hourly Respite²	YP010	Yes	Up to 120 units (10 hrs/mo)
Paraprofessional Developmental Therapy Group	H2014HQ	Yes	Up to 104 units (2 hrs/week)
Personal Assistance³	YP020	Yes	Up to 156 units (3 hrs/week)
Personal Care Services⁴	YM050	Yes	Up to 156 units (3 hrs/week)

¹ Long Term Vocational Support and Supported Employment are provided primarily through ADVP Programs contracted with SMC and do not require an authorization unless Provider Contract specifies otherwise.

² Respite is limited to consumers living with unpaid caregivers. Two units of Group Respite may be substituted for one unit of Individual Respite

³ PA may not be provided to individuals receiving Group Living Moderate or Group Living High unless is provided to enable residents to participate in outside activities (ex. Volunteer work in the community). PA provided to individuals less than 13 years of age is to be used for activities that are beyond the scope of what one would expect parents to provide.

⁴ Medicaid Personal Care service must be sought for Medicaid enrolled consumers before requesting LME funded PCS. SMC does not reimburse for PC service provided to individuals less than 13 years of age.

Intellectual/ Developmental Disabilities	Level of Care: B (SNAP Index Score 45-78)		
Service	Billing Code	Auth Required?	Service Intensity for 90 day period
Comprehensive Clinical Assessment	90801	No	
Psychological Testing	96101 96111	Yes	
Long Term Vocational Supports¹	YA389	No	
Mobile Crisis Management	H2011	No	
Adult Developmental Vocational Program (ADVP)	YP620	No	
Supported Employment	YA390	No	
Supervised Living Low/ Moderate	YP710/ YP720	Yes	Annual
Group Living Low/ Moderate	YP760/ YP770	Yes	Annual
Family Living (AFL) Low, Mod, High	YP740/ YP750/ YP755	Yes	Annual
MR/MI Supervised Living Levels 2-6	YM81x	Yes	Annual
Hourly Respite²	YP010	Yes	Up to 120 units (10 hrs/mo)
Paraprofessional Developmental Therapy Group	H2014HQ	Yes	Up to 156 units (3 hrs/week)
Personal Assistance³	YP020	Yes	Up to 156 units (3 hrs/week)
Personal Care Services⁴	YM050	Yes	Up to 208 units (4 hrs/week)

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³ PA may not be provided to individuals receiving Group Living Moderate or Group Living High unless is provided to enable residents to participate in outside activities (ex. Volunteer work in the community). PA provided to individuals less than 13 years of age is to be used for activities that are beyond the scope of what one would expect parents to provide.

⁴ Medicaid Personal Care service must be sought for Medicaid enrolled consumers before requesting LME funded PCS. SMC does not reimburse for PC service provided to individuals less than 13 years of age.

Intellectual/ Developmental Disabilities	Level of Care: C (SNAP Index Score 79-92)		
Service	Billing Code	Auth Required?	Service Intensity for 90 day period
Comprehensive Clinical Assessment	90801	No	
Psychological Testing	96101 96111	Yes	
Long Term Vocational Supports ¹	YA389	No	
Mobile Crisis Management	H2011	No	
Adult Developmental Vocational Program (ADVP)	YP620	No	
Supported Employment	YA390	No	
Supervised Living Low/ Moderate	YP710/ YP720	Yes	Annual
Group Living Low/ Moderate	YP760/ YP770	Yes	Annual
Family Living (AFL) Low, Mod, High	YP740/ YP750/ YP755	Yes	Annual
MR/MI Supervised Living Levels 2-6	YM81x	Yes	Annual
Hourly Respite²	YP010	Yes	Up to 120 units (10 hrs/mo)
Paraprofessional Developmental Therapy Group	H2014HQ	Yes	Up to 312 units (6 hrs/week)
Personal Assistance³	YP020	Yes	Up to 312 units (6 hrs/week)
Personal Care Services⁴	YM050	Yes	Up to 312 units (6 hrs/week)

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³ PA may not be provided to individuals receiving Group Living Moderate or Group Living High unless is provided to enable residents to participate in outside activities (ex. Volunteer work in the community). PA provided to individuals less than 13 years of age is to be used for activities that are beyond the scope of what one would expect parents to provide.

⁴ Medicaid Personal Care service must be sought for Medicaid enrolled consumers before requesting LME funded PCS. SMC does not reimburse for PC service provided to individuals less than 13 years of age.

Intellectual/ Developmental Disabilities	Level of Care: D (SNAP Index Score 93-230)		
Service	Billing Code	Auth Required?	Service Intensity for 90 day period
Comprehensive Clinical Assessment	90801	No	
Psychological Testing	96101 96111	Yes	
Long Term Vocational Supports¹	YA389	No	
Mobile Crisis Management	H2011	No	
Adult Developmental Vocational Program (ADVP)	YP620	No	
Supported Employment	YA390	Yes	
Supervised Living Low/ Moderate	YP710/ YP720	Yes	Annual
Group Living Low/ Moderate	YP760/ YP770	Yes	Annual
Family Living (AFL) Low, Mod, High	YP740/ YP750/ YP755	Yes	Annual
MR/MI Supervised Living Levels 2-6	YM81x	Yes	Annual
Hourly Respite²	YP010	Yes	Up to 120 units (10 hrs/mo)
Paraprofessional Developmental Therapy Group	H2014HQ	Yes	Up to 312 units (6 hrs/week)
Personal Assistance³	YP020	Yes	Up to 416 units (8 hrs/week)
Personal Care Services⁴	YM050	Yes	Up to 416 units (8 hrs/week)

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² Respite is limited to consumers living with unpaid caregivers. Two units of Group Respite may be substituted for one unit of Individual Respite

³ PA may not be provided to individuals receiving Group Living Moderate or Group Living High unless is provided to enable residents to participate in outside activities (ex. Volunteer work in the community). PA provided to individuals less than 13 years of age is to be used for activities that are beyond the scope of what one would expect parents to provide.

⁴ Medicaid Personal Care service must be sought for Medicaid enrolled consumers before requesting LME funded PCS. SMC does not reimburse for PC service provided to individuals less than 13 years of age.