

**Smoky Mountain Center LME
Developmental Disabilities State-Benefit Plan and Level of Care Guidelines
Revised Effective October 22, 2009**

This is the benefit plan for state-funded **Developmental Disabilities** services for **Child and Adult** residents of Smoky Mountain Center LME's 15-county catchment area of Alexander, Alleghany, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, Macon, McDowell, Swain, Watauga and Wilkes Counties.

Providers may be reimbursed only for those specific services included in their contracts with Smoky Mountain Center. 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 Smoky Mountain Center in the state IPRS and CDW systems (see the SMC Provider Operations Manual (<http://www.smokymountaincenter.com/providers.asp>) for specific registration and enrollment requirements).

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. An "X" in the grid signifies that the service is included in the benefit plan for individuals at that Level of Care. Maximum numbers of units are shown for services with limits on the service intensity that may be authorized. A blank in the grid signifies that a service is not included.

The authorization time periods (Assessment Period, 1st 90-Day Period and Ongoing 90-Day 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 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.

CAP-MR/DD waiver recipients are not eligible for state-funded services unless approved through a special review process. Most waiver recipients' needs can be appropriately met with waiver services, and few exceptions will be made. To request an exception review, the Case Manager or Service Provider must submit the following documents for review: (1) Current PCP listing all services including natural supports, (2) the most recent 60-days of progress notes, and (3) a written statement of the request for state-funded services for the waiver recipient indicating why the consumer's needs cannot be safely and appropriately met through waiver services. For directions on submission of this information, visit SMC's website, www.smokymountaincenter.com.

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 the LME 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.

Note that Targeted Case Management service includes Clinical Home requirements including PCP development and first responder responsibilities.

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

SMC Developmental Disabilities State Benefit Plan & Level of Care Guidelines
 Effective 10-22-2009

Developmental Disabilities		Level of Care: A (SNAP Index Scores 11-44)		
Service	Auth Required?	Assessment Period (30 days)	1 st 90-Day Period	Ongoing 90-Day Periods
Comprehensive Clinical Assessment	No	1 event	NA	NA
Targeted Case Management (TCM)	Yes		Up to 24 units	Up to 16 units
Psychological Testing	Yes	1 event		
Long Term Vocational Support ¹	No			
Adult Developmental Vocational Program (ADVP)	No		X	X
Apartment Living	Yes		Annual	
Group Living Moderate	Yes		Annual	
Hourly Respite ²	Yes		Up to 60 units	Up to 60 units
Mobile Crisis Management ³	No	X	X	X
Paraprofessional Developmental Therapy (DT)/90 Days ⁴	Personal Assistance (PA)/90 Days ⁵	Combined DT & PA/90 Days	Auth Required?	
Up to 104 Units	Up to 182 Units	Up to 234 Units Combined	Yes	

¹ Long Term Vocational Support is provided only through ADVP Programs contracted with SMC.

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 Provided by New River Behavioral Health in Northern & Central Regions, and by SMC in the Southern Region. Clinical Home First Responder responsibilities must be met before requesting MCM intervention.

⁴ Refer to the Service Definition and to the SMC Developmental Therapy Authorization Guidelines for this service. Four units of Paraprofessional Developmental Therapy Group may be substituted for one unit of Individual Paraprofessional Developmental Therapy for either Developmental Therapy alone or for developmental Therapy and Personal Assistance combined

⁵ Personal Assistance (PA) may not be provided to children younger than 13 years of age. PA may not be provided to individuals receiving Group Living Moderate or Group Living High service in Group Home settings, or for community activities customarily provided by Group Homes. PA may be provided to Group Home residents to enable them to participate in outside activities (e.g., volunteer work in the community) beyond the scope of a Group Home. These restrictions do not apply to consumers residing in Alternative Family Living (AFL), Assisted Living, or Supervised Living settings.

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Developmental Disabilities		Level of Care: B (SNAP Index Scores 45-78)		
Service	Auth Required?	Assessment Period (30 days)	1 st 90-Day Period	Ongoing 90-Day Periods
Comprehensive Clinical Assessment	No	1 event	NA	NA
Targeted Case Management (TCM)	Yes		Up to 32 units	Up to 24 units
Psychological Testing	Yes	1 event		
Long Term Vocational Support ⁶	No			
Adult Developmental Vocational Program (ADVP)	No		X	X
Family Living Moderate	Yes		Annual	
Apartment Living	Yes		Annual	
Group Living Moderate (YP770)	Yes		Annual	
Hourly Respite ⁷	Yes		Up to 144 units	Up to 144 units
Mobile Crisis Management ⁸	No	X	X	X

Paraprofessional Developmental Therapy (DT)/90 Days ⁹	Personal Assistance (PA)/90 Days ¹⁰	Combined DT & PA/90 Days	Auth Required?
Up to 182 Units	Up to 182 Units	Up to 286 Units Combined	Yes

⁶ Long Term Vocational Support is provided only through ADVP Programs contracted with SMC.

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Developmental Disabilities		Level of Care: C (SNAP Index Scores 79-92)		
Service	Auth Required?	Assessment Period (30 days)	1 st 90-Day Period	Ongoing 90-Day Periods
Comprehensive Clinical Assessment	No	1 event	NA	NA
Targeted Case Management (TCM)	Yes		Up to 48 units	Up to 48 units
Psychological Testing	Yes	1 event		
Long Term Vocational Support ¹¹	No			
Adult Developmental Vocational Program (ADVP)	No		X	X
Family Living Moderate	Yes		Annual	
Apartment Living	Yes		Annual	
Group Living Moderate	Yes		Annual	
Hourly Respite ¹²	Yes		Up to 144 units	Up to 144 units
MR/MI Family Living (AFL)	Yes		Annual	
MR/MI Supervised Living Levels 2-6	Yes		Annual	
Mobile Crisis Management ¹³	No	X	X	
Paraprofessional Developmental Therapy (DT)/90 Days ¹⁴	Personal Assistance (PA)/90 Days ¹⁵		Combined DT & PA/90 Days	Auth Required?
Up to 390 Units	Up to 364 Units		Up to 598 Units Combined	Yes

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Developmental Disabilities	Level of Care: D (SNAP Index Scores 93-230)			
	Service	Auth Required?	Assessment Period (30 days)	Ongoing 90-Day Periods
Comprehensive Clinical Assessment	No	1 event	NA	NA
Targeted Case Management (TCM)	Yes		Up to 64 units	Up to 64 units
Psychological Testing	Yes	1 event		
Long Term Vocational Support ¹⁶	No			
Adult Developmental Vocational Program (ADVP)	No		X	X
Family Living Moderate (YP750)	Yes			Annual
Apartment Living (YP710)	Yes			Annual
Group Living Moderate (YP770)	Yes			Annual
Hourly Respite ¹⁷	Yes		Up to 144 units	Up to 144 units
MR/MI Family Living (AFL YP740)	Yes			Annual
MR/MI Supervised Living Levels 2-6 (YM81x)	Yes			Annual
Mobile Crisis Management ¹⁸	No	X		X

Paraprofessional Developmental Therapy (DT)/90 Days ¹⁹	Personal Assistance (PA)/90 Days ²⁰	Combined DT & PA/90 Days	Auth Required?
Up to 390 Units	Up to 364 Units	Up to 598 Units Combined	Yes

¹⁶ Long Term Vocational Support is provided only through ADVP Programs contracted with SMC.

¹⁷ Respite is limited to consumers living with unpaid caregivers. Two units of Group Respite may be substituted for one unit of Individual Respite.

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