



**Utilization Management Communication Bulletin FY 1516 UM 05 20151116**

Update to Communication Bulletin FY 1516 UM 04 20151113

Date: Nov. 16, 2015  
To: Cardinal Innovations Healthcare Network Providers  
From: Utilization Management

On Wednesday, Nov. 11, Cardinal Innovations Healthcare announced an update to our state funded benefit plan in order to realign available Medicaid, federal, state and local resources to ensure reliable access and availability of state-funded benefits across our operational area. This bulletin provides additional information in response to inquiries we have received.

This realignment is part of an ongoing process to evaluate and innovate the way we pay for and deliver care to North Carolina's most vulnerable citizens. Our primary goal is to maintain positive health outcomes for members of our Medicaid, state and locally funded specialty health plans.

The plan announced last week seeks to: (1) maximize the use of Medicaid funding and services for Medicaid members, including alternative (b)(3) services funded through Medicaid savings; and (2) maximize the impact of limited non-Medicaid federal, state and local resources by providing access to essential services for the under-insured and uninsured.

Through careful deliberation, we examined our service array to identify state-funded services that provide consistent access and outcomes for our members. We identified the 11 services being transitioned as of Nov. 20 as consistently not meeting these criteria across our operational area.

We believe that transitioning these services will create efficiencies in service delivery, while providing enhanced access to a consistent and standard array of services capable of being tailored to the unique needs of each member. We stand ready to work with providers and members to assist with questions related to this realignment.

**Key Plan Elements:**

- This plan will not affect members with current authorizations for any of the 11 identified services. Those individuals will continue to have access to such services, as long as the service remains medically necessary.
- Transitioning the 11 identified services will not create gaps in service for Cardinal Innovations' members not currently receiving these services; for each service being transitioned, an alternative service or services remains available to address our members' needs.
- Providers serving individuals enrolled in Cardinal Innovations' Medicaid managed care plan have access to an array of available Medicaid services, including (b)(3) services and additional alternative services which Cardinal Innovations has introduced in the past few months.
- Providers serving individuals enrolled in Cardinal Innovations' state funded benefit plan should refer to the table provided below for available alternative state-funded services when developing requests for treatment authorization for those services.

**Transitioning Services:**

<b>Transitioned Service</b>	<b>Available Alternative Services</b>
Community Support Team	Outpatient Therapy including evidenced based therapies and psychiatric services; Peer Support; Supported Employment; ACTT if service criteria are met; SAIOP if greater SUD needs; Care Coordination assists with high risk members; DOJ TCL program as applicable.
Assertive Engagement	Outpatient Therapy provided in the home via Mobile Crisis Team Staff.
Intensive In Home Services	Outpatient Therapy including evidenced based therapies and psychiatric services; Care Coordination assists with high risk members; may provide under federal block grant funding.
Multi-Systemic Therapy	Outpatient Therapy including evidenced based therapies and psychiatric services; Care Coordination assists with high risk members; may provide under federal block grant funding.
Day Activity	Supported Employment; (b)(3) Community Guide; Psychosocial Rehabilitation (PSR) and (b)(3) Peer Support for members with co-occurring IDD/MH; ADVP + Residential services.
Day Supports	(b)(3) Community Guide; (b)(3) In Home Skill Building; (b)(3) Respite; Psychosocial Rehabilitation (PSR) and (b)(3) Peer Support for members with co-occurring IDD/MH.
Developmental Day	(b)(3) In Home Skill Building; (b)(3) Respite; Outpatient Therapy; ST, OT, PT under Medicaid; evaluate service for EPSDT under Medicaid.
Personal Assistance/Personal Care	(b)(3) Community Guide; (b)(3) Respite and (b)(3) In Home Skill Building depending on living situation; Peer Support for co-occurring IDD/MH; (b)(3) Individual Support depending on living situation/transition plan; Community Support Team if Medicaid; Outpatient Therapy; evaluate service for EPSDT under Medicaid funding.
Substance Abuse Comprehensive Outpatient Program (SACOT)	Substance Abuse Intensive Outpatient Program (SAIOP) + 12 step groups in the community; no change to Horizon and Cascade program; CASP funding for women pregnant or with children; women may also qualify for (b)(3) Intensive Recovery Supports (IRS).
Respite	(b)(3) Respite for Medicaid; community based respite programs.
Diagnostic Assessment	Comprehensive Clinical Assessment; Psychiatric Evaluation; Psychological Testing.

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