

# Fostering Health NC · Case Management Across LME/MCO Catchment Areas



*Building and Strengthening Medical Homes for Infants, Children, Adolescents and Young Adults in Foster Care*

[www.ncpeds.org/fosteringhealthnc](http://www.ncpeds.org/fosteringhealthnc)

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**What is Fostering Health NC?** There are approximately 10,000 children in foster care in North Carolina. These children have special health care needs. Often because of the circumstances that led them to be placed into foster care, their physical, developmental, mental/social-emotional and oral health care has been inconsistent and sometimes impacted by crisis or injury. Fostering Health NC, a project of the North Carolina Pediatric Society, is focused on building and strengthening medical homes for infants, children, adolescents and young adults in foster care through integrated communications and coordination of care through a unique partnership among local Departments of Social Services, Community Care of North Carolina (CCNC) Networks, the pediatric care team, the child and the child's family.

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## A. Best Practices

When a county DSS case worker needs to place a child/youth outside the home LME/MCO, the case worker should *proactively* investigate the need for an Out-of-Network Agreement between a prospective behavioral health provider and the home LME/MCO. Below is a suggested protocol:

1. Home county DSS case worker contacts home LME/MCO Customer Services (see [LME/MCO map and LME/MCOs by county](#)) to discuss the child's age, Medicaid status, and planned placement location. [Note: this first step may be initiated by a medical home (primary care) provider seeking to make a referral or by a prospective behavioral health provider seeking to serve the child.]
2. Home LME/MCO identifies an in-network provider located in the host LME/MCO **or** coordinates with host LME/MCO to identify a behavioral health provider convenient to the child's planned placement.
3. *If* an Out-of-Network Agreement is needed, home LME/MCO coaches the prospective out-of-network provider through completion of a standard Out-of-Network Agreement.
4. Home LME/MCO executes the Agreement and confirms the date when out-of-network provider may render and bill for services; home LME/MCO shares status with home county DSS case worker.
5. Home county DSS case worker shares the name/contact information of the behavioral health provider with the medical home provider, appropriate CCNC/CC4C care manager, and resource/foster parents.
6. Home county DSS case worker follows up with behavioral health provider and medical home to ensure services are in place.
7. Host LME/MCO behavioral health provider and home LME/MCO jointly determine if a Consumer Specific Contract is needed to support a long term treatment plan; alternatively, they may consider a full contract if the home LME/MCO determines it is warranted.

## B. General Recommendations

To support processing of Out-of-Network requests, it is recommended that each LME/MCO designate a call center supervisor or other single point of contact to be specifically trained to handle such requests from county DSS offices and host providers.

It is also recommended that LME/MCOs consider proactively credentialing behavioral health providers located near group homes and Psychiatric Residential Treatment Facilities (PRTFs) given the high likelihood that youth in those facilities will have originated from other areas of the state and will need locally-provided services.

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LME/MCO leadership may benefit from identifying forums in which to engage county DSS leadership in their catchment areas to elevate service concerns and adjust operational processes.

CCNC/CC4C care managers, medical home providers, and county DSS case workers should understand resources available to them if a child/youth they are working with experiences a mental health crisis. Such resources vary by location; for example, some counties have an LME/MCO crisis walk-in center available, others do not. Care managers/case managers are encouraged to create a triage response plan based on the urgency of a given situation and available resources that may apply.

## C. Key Terminology

**Local Management Entity/Managed Care Organization (LME/MCO):** These terms are frequently used interchangeably, and refer to the seven organizations that manage both Medicaid and state-funded mental health, intellectual-developmental disabilities, and substance use services in North Carolina. These entities operate by contracts with both the NC Division of Medical Assistance (DMA) and NC Division of Mental Health, Developmental Disability and Substance Abuse (DMH/DD/SAS).

LME/MCOs are responsible for contracting with and credentialing a network of behavioral health providers who render services to beneficiaries (including youth in foster care) whose Medicaid eligibility originates in their catchment areas (defined below).

Importantly, LME/MCOs manage behavioral health services for Medicaid and Health Choice eligible children ages **three** and older. Behavioral health services for children **younger than three** are managed by local Children's Developmental Services Agencies (CDSAs). A directory of CDSAs listed by county may be found here:

<http://www.bearly.nc.gov/index.php/contact/cdsa>

**Catchment Area:** A geographic area comprising multiple counties in which a given LME/MCO manages care for Medicaid beneficiaries whose eligibility *originates* in those counties. There are currently seven LME/MCOs, each with its own catchment area (LME/MCOs are in the process of continuing to consolidate). It is important to understand which LME/MCO covers which counties; a map illustrating this is available through the DHHS website:

<http://www.ncdhhs.gov/providers/lme-mco-directory>

**LME/MCO Network:** A network of credentialed providers who have full contracts to provide behavioral health services to beneficiaries managed by a given LME/MCO. This network may include providers located *outside* the LME/MCO's geographically defined catchment area and may even include out-of-state providers.

**Home LME/MCO:** The LME/MCO in which the beneficiary's eligibility for services *originates* (i.e. the county/catchment area responsible for child welfare case management).

**Host LME/MCO:** The LME/MCO in which the beneficiary is (or will be) *residing*.

**Out-of-Network Agreement (sometimes referred to as Single Case Agreement):** A contract between a LME/MCO and a behavioral health services provider who is not already a member of that LME/MCO's network. This agreement will allow a provider to render (and receive payment for) services to a specific beneficiary for a limited amount of time. Such an agreement is particularly useful when a beneficiary in need of services temporarily resides outside his or her home LME/MCO catchment area (e.g. foster placements).