

**Child Developmental Disability  
Assessment Only (CDAO)**

<p><b>Client Eligibility Criteria</b></p>	<p>Children, starting on the 3<sup>rd</sup> birthday until the 18<sup>th</sup> birthday, who:</p> <ul style="list-style-type: none"> <li>• are seeking or needing developmental disability services, <b>AND</b></li> <li>• have completed a current LME Screening/Triage/Referral (STR) process, <b>AND</b></li> <li>• have received a current LME STR triage determination of "Urgent" or "Routine", <b>AND</b></li> <li>• have been referred by the LME STR to the provider for assessment, <b>AND</b></li> <li>• have been determined by the provider <u>not to be eligible for any other MH, DD, or SA target population<sup>1</sup></u>, <b>AND</b></li> <li>• have been determined by the provider <u>not to be eligible for Medicaid services<sup>2</sup></u>.</li> </ul> <p>The purpose of the assessment only target population is to create a mechanism to reimburse a provider for a single service or assessment event for a consumer when the consumer does not meet eligibility requirements for any other target population or for Medicaid services. Pending record requirements in APSM 45-2 apply.</p> <ol style="list-style-type: none"> <li>1. TGC will not end-date A&amp;O population for consumers admitted with a target population of NOTPC. This allows us to bill for intake with A&amp;O eligibility</li> <li>2. All people seeking services are assigned an A&amp;O population regardless of eligibility. This allows for either state or Medicaid billing. If the billing routes to Medicaid the population assignment is irrelevant.</li> </ol>											
<p><b>Provider Restrictions</b></p>	<p><b>Billing Provider</b> – LME</p> <p><b>Attending Provider</b> – Multi-Service Provider or Enrolled DD Provider or Multi-Service w/SA Provider</p>											
<p><b>Diagnosis</b></p>	<p>Any valid ICD-9 code (including V71.09 and 799.9)</p>											
<p><b>Utilization Management</b></p>	<p>Up to 1 periodic service event within a current episode of care, and up to 2 periodic service events within the fiscal year, after which prior approval is required or current eligibility enrollment in another target population.</p>											
<p><b>Service Array</b></p>	<table border="1"> <tr> <td>90801</td> <td>99201</td> <td>99203</td> <td>99205</td> <td>H0031</td> <td rowspan="2">T1023</td> </tr> <tr> <td>90802</td> <td>99202</td> <td>99204</td> <td>H0001</td> <td>T1017 HI</td> </tr> </table>	90801	99201	99203	99205	H0031	T1023	90802	99202	99204	H0001	T1017 HI
90801	99201	99203	99205	H0031	T1023							
90802	99202	99204	H0001	T1017 HI								
<p><b>Concurrency</b></p>	<p>Cannot occur with any other MH/DD/SA target population.</p>											

**Child Developmental Disability  
Crisis Services (CDCS)**

<b>Client Eligibility Criteria</b>	<p>Child, starting on the 3<sup>rd</sup> birthday until the 18<sup>th</sup> birthday, who:</p> <p>Is seeking or needing developmental disability services <b>AND</b></p> <p>Who is not eligible for Medicaid, <b>AND</b></p> <p>Who has completed a current Screening/Triage/Referral interview and have received an “Emergent” triage determination as defined below <b>OR</b> is currently enrolled in an eligible target population and is in need of crisis or emergency services beyond the capacity of the first responder provider.</p> <p><b>Note:</b> An individual who is eligible for Medicaid is <u>not</u> eligible for the crisis services target population, nor is an individual who is eligible for both Medicaid and IPRS services. The crisis services target population is limited to only those individuals who either:</p> <p>a) have no IPRS target population eligibility, or</p> <p>b) have only IPRS target population eligibility but not Medicaid eligibility.</p> <p>The purpose of the crisis services target population is to create a mechanism to reimburse a provider for crisis or emergency services to a non-Medicaid child developmental disabilities consumer. The consumer may or may not meet eligibility requirements for any other IPRS target population but may <u>not</u> be eligible for Medicaid.</p> <p>Eligibility for the Crisis Services target population requires LME admission of consumer into the CDW through completion of the identifying information (Record 10 or 30), demographics (Record 11 or 31), and substance abuse (drug of choice) details (Record 17 or 37). These requirements imply that an open consumer record must be established.</p> <p>The LME may establish the initial eligibility period in the crisis services (CDCS) population group for up to fourteen (14) days. After the initial eligibility period, the consumer must be reassessed and determined to continue to be in need of crisis and emergency services to be considered for another fourteen (14) day eligibility period.</p> <p>*STR definition of “Emergent”: An individual’s need shall be categorized as “Emergent” when the individual presents a moderate or severe risk related to safety or supervision or is at moderate or severe risk of substance abuse withdrawal symptoms, or presents a mild, moderate, or severe risk of harm to self or others, or has severe incapacitation in one or more area(s) of physical, cognitive, or behavioral functioning related to mental health, developmental disabilities or substance abuse problems.</p>																		
<b>Provider Restrictions</b>	<p><b>Billing Provider</b> – LME</p> <p><b>Attending Provider</b> – Multi-Service or Multi-Service w/SA Provider or Enrolled DD Provider</p>																		
<b>Diagnosis</b>	<p>Any valid ICD-9 code (including V71.09 and 799.9)</p>																		
<b>Utilization Management</b>	<p>Each LME must develop and implement crisis and emergency services delivery and authorization guidelines to ensure the prompt and efficient provision of services to eligible Crisis Services (CS) consumers. This includes LME approved procedures for the authorization of 24 hour admissions to inpatient hospital, facility based crisis, and 24 hour detoxification programs. The division recommends that the LME review and authorize mobile crisis services after the delivery of the initial 16 units (4 hours) of this service.</p> <p>During regular hours of operation, the division recommends immediate notification of the LME by the crisis or emergency services provider for all 24 hour emergency admissions. Written notification regarding such emergency admissions is recommended to be provided to the LME within 24 hours in all circumstances.</p>																		
<b>Funding Source(s)</b>	<p>No federal funding source</p>																		
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<b>Concurrency</b>	<p>Cannot occur with any other MH/DD/SA target population.</p>																		

**Child Developmental Disability  
Developmental Disability (CDSN)**

<b>Client Eligibility Criteria</b>	<p>Child, starting on the 3<sup>rd</sup> birthday until the 18<sup>th</sup> birthday, screened eligible as developmentally disabled in accordance with the current functional definition in GS 122C-3(12a).</p> <p>Developmental disability assessment based on NC SNAP 1 through 5.</p> <p>Developmental disability means a severe, chronic disability of a person which:</p> <ul style="list-style-type: none"> <li>• Is attributable to a mental or physical impairment or combination of mental and physical impairments;</li> <li>• Is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22;</li> <li>• Is likely to continue indefinitely;</li> <li>• Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency; and</li> <li>• Reflects the person’s need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of a lifelong or extended duration and are individually planned and coordinated.</li> </ul> <p>Assess eligibility for this population group annually in conjunction with the person centered plan process.</p>									
<b>Provider Restrictions</b>	<p><b>Billing Provider</b> - LME</p> <p><b>Attending Provider</b> – Multi-Service Provider or Enrolled DD Provider or Multi-Service w/SA Provider</p>									
<b>Diagnosis</b>	<p>Any valid ICD-9 code</p>									
<b>Utilization Management</b>	<p>Individualized service plan with annual review. Plan may be revised during the year, with authorization, if service needs change.</p>									
<b>Service Array</b>	90801 90802 90804 90806 90810 90812 90814	90846 90847 90862 96101 96372 96110 96111	99201 99202 99203 99204 99205 99211 99212	99213 99214 99215 H0001 H0004 H0004 HQ H0004 HR	H0004 HS H0005 H0031 H2011 H2014 H2014 HM H2014 HQ	H2014 U1 T1017 HI T1023 YM050 YM645 YM725	YM755 YP010 YP011 YP020 YP610 YP620	YP630 YP640 YP650 YP660 YP710 YP720	YP730 YP740 YP750 YP760 YP770 YP780	
<b>Concurrency</b>	<p>Cannot occur with any other MH/DD/SA target population.</p>									