4.b(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services

Services provided under this section are provided by licensed practitioners (within their scope of practice as determined by the North Carolina Practice Acts per discipline) or programs/agencies for the mentally ill and substance abusers certified as meeting the program standards of the Commission on Mental Health, Developmental Disabilities and Substance Abuse Services or as Critical Access Behavioral Health Care Agencies, and directly enrolled by the Medicaid Staff of the agency providing services will also meet requirements set forth in Federal regulations or the requirements for one of the three categories described on pages 7c.10 and 7c.11. These services are available to categorically needy and medically needy recipients. Services include the following:

Medically necessary diagnostic evaluations or assessments (Diagnostic Assessment) identify the existence, nature and extent of illness. The services may include a systematic appraisal of mental, psychological, physical, behavioral, functional, social, economic and/or intellectual limitations and resources of the individual in order to determine the nature and extent of illness. This information will be used in the formulation of an individualized person centered plan for the recipient.

Other medically necessary diagnostic, screening, treatment, preventive and rehabilitative (ODSPR) services for the mentally ill and substance abusers are covered benefits when medically necessary. Screening services means the use of standardized tests given under medical direction. Diagnostic, preventive, or rehabilitative services must be ordered by a physician, licensed psychologist, physician's assistant or nurse practitioner practicing within the scope of his/her practice according to Chapter 90 of the North Carolina General Statutes.

Covered services are provided to recipients in their residence or in a community setting, which may be any location other than in a public institution (IMD), other inpatient setting, jail or detention facility.

Inpatient psychiatric facilities serving individuals under age 21 will meet the requirement of 42 Code of Federal Regulations Part 441, Subpart D, and Part 483, Subpart G.

The following services will be covered when a determination is made that the services are medically necessary and will meet specific behavioral health needs of the recipient. Specific services must correct or ameliorate diagnosable conditions or prevent the anticipated deterioration of the patient's condition. Services provided to family members of the recipient must be related to the recipient's mental health/substance abuse disability.

Covered services for EPSDT children include but are not limited to:
Evaluation/Assessments/Psycho-therapy/Behavioral Health Counseling, Diagnostic Assessment, Community Supports Child, Day Treatment, Partial Hospital, Mobile Crisis Management, Intensive In Home, Multisystemic Therapy, Substance Abuse Intensive Outpatient, and Ambulatory Detoxification.

4.b.(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

(a) Evaluation/Assessments/ Psycho-therapy/Behavioral Health Counseling
For the complete description of the service, see Attachment 3.1-A.1 pages 7c.11 and 7c.12.

(b) Diagnostic Assessment (42 CFR 440.130(a))
This is a clinical face to face evaluation of a recipient's MH/DD/SAS condition that will establish a need for the enhanced benefit package of services. It is a team service and must include evaluations by either, a physician, physician assistant, nurse practitioner or licensed psychologist who can sign an order for services and a licensed or certified practitioner with expertise in MH/DD/SAS as appropriate and consist of the following:

- a chronological general health and behavioral health history (includes both mental health and substance abuse) of the recipient's symptoms, treatment, treatment response and attitudes about treatment over time, emphasizing factors that have contributed to or inhibited previous recovery efforts; biological, psychological, familial, social, developmental and environmental dimensions and identified strengths and weaknesses in each area;
- a description of the presenting problems, including source of distress, precipitating events, associated problems or symptoms, recent progressions, and current medications;
- a strengths/problem summary which addresses risk of harm, functional status, co-morbidity, recovery environment, and treatment and recovery history;
- diagnoses on all five (5) axes of DSM-IV;
- evidence of an interdisciplinary team progress note that documents the team's review and discussion of the assessment;
- a recommendation regarding target population eligibility; and
- evidence of recipient participation including families, or when applicable, guardians or other caregivers.

Documentation must include the following elements:

- a chronological general health and behavioral health history (includes both mental health and substance abuse) of the recipient's symptoms, treatment, treatment response and attitudes about treatment over time, emphasizing factors that have contributed to or inhibited previous recovery efforts; biological, psychological, familial, social, developmental and environmental dimensions and identified strengths and weaknesses in each area;
- a description of the presenting problems, including source of distress, precipitating events, associated problems or symptoms, recent progressions, and current medications;
- strengths/problem summary which addresses risk of harm, functional status, co-morbidity, recovery environment, and treatment and recovery history;
- diagnoses on all five (5) axes of DSM-IV;
- evidence of an interdisciplinary team progress note that documents the team's review and discussion of the assessment;
- a recommendation regarding target population eligibility; and
- evidence of recipient participation including families, or when applicable, guardians or other caregivers.

A recipient may receive one diagnostic assessment per year without any additional authorization.

4.b.(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

(c) Community Supports Child (CS) (CFR 42 440.130(d))
Community Support services are community-based rehabilitative services and interventions necessary to treat children and adolescents 20 years old or younger to achieve their mental health and/or substance abuse recovery goals and to assist parents and other caregivers in helping children and adolescents build resiliency. These medically necessary services directly address the recipient's diagnostic and clinical needs, evidenced by the presence of a diagnosable mental, behavioral, and/or emotional disturbance (as defined by the DSM-IV-TR and its successors), with symptoms and effects documented in a comprehensive clinical assessment and a Person Centered Plan.

These services are designed to:

- enhance skills necessary to address the complex mental health and/or substance abuse symptoms of children and adolescents who have significant functional deficits due to these disorders, to promote symptom reduction and improve functioning in their daily environments;
- assist the child/adolescent and family in acquiring the necessary skills for reaching recovery from mental health and/or substance abuse disorders, for self management of symptoms and for addressing vocational, housing, and educational needs;
- link recipients to, and coordinate, necessary services to promote clinical stability and meet the mental health/substance abuse treatment, social, and other treatment support needs while supporting the emotional and functional growth and development of the child; and
- monitor and evaluate the effectiveness of delivery of all services and supports identified in the Person Centered Plan.

4.b.(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

Paraprofessional (PP) within the MH/DD/SAS system of care means an individual who, with the exception of staff providing respite services or personal care services, has a GED or high school diploma; or no GED or high school diploma, employed prior to November 1, 2001 to provide a MH/DD/SAS service. Supervision shall be provided by a qualified professional with the population served. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually.

4.b.(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

(d) Mental Health Day Treatment

This service is available for children from age 3 up through age 20 and includes therapeutic or rehabilitation goals of the consumer in a structured setting. NOTE: Services for children from age 0 to age 3 can be found at Attachment 3.1-A.1 page 7g.1 "*Early Intervention Rehabilitative Services*." This is an existing service which has been modified to increase provider qualifications, require additional training for providers and require prior authorization. The interventions are outlined in the child/adolescent person centered treatment plan and may include:

- behavioral interventions,
- social and other skill development,
- communication enhancement,
- problem- solving skills,
- anger management,
- monitoring of psychiatric symptoms; and
- psycho-educational activities as appropriate.

These interventions are designed to support symptom stability, increase the recipient's ability to cope and relate to others and enhancing the highest level of functioning possible. The service will also contain a care coordination component with assessment, monitoring, linking to services related to mental health needs and coordination of mental health serices. Documentation must include: a daily full service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's interventions, includes the time spent performing the interventions, effectiveness of the intervention, and the signature of the staff providing the service. This service must be available three hours a day minimally in a licensed program. The provider agency must be certified and enrolled as a Critical Access Behavioral Health Care Agency by July 1, 2009. All services in the milieu are provided by a team which may have the following configuration; providers meet the qualified professional requirements, associate professionals and paraprofessionals. The service must be ordered by a physician, licensed psychologists, physician's assistant or nurse practitioner and prior approval will be required via the statewide UR vendor or by an approved LME, contracted with the Medicaid Agency and meeting the same standards and requirements as the statewide vendor. This initial prior approval process will ensure that the level of the service is appropriate and concurrent reviews will determine the ongoing medical necessity for the service or the need to move up or down the continuum of services to another level of care.
This service can only be provided by one day treatment provider at the time and cannot be billed on the same day as any inpatient, residential, or any other intensive in home service.

4.b.(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

(e) Partial Hospital (PH)
This is a short term service for acutely mentally ill children which provides a broad range of intensive therapeutic approaches which may include:

- Individual/group therapies,
- Increase the individual's ability to relate to others,
- Community living skills/training,
- Coping skills,
- Medical services; and
- This is used as a step up to inpatient or a step down from inpatient.

Physician involvement is required. This service must be offered at a minimum of 4 hours per day, 5 days/week. Clinical criteria (medical necessity criteria for admission and continued stay) are embedded in the service definition. Documentation must include: a daily full service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's interventions, includes the time spent performing the interventions, effectiveness of the intervention, and the signature of the staff providing the service. The service must be ordered by a physician, licensed psychologists, physician's assistant or nurse practitioner and prior approval will be required via the statewide UR vendor or by an approved LME contracted with the Medicaid Agency and meeting the same standards and requirements as the statewide vendor. This initial prior approval process will ensure that the level of the service is appropriate and concurrent reviews will determine the ongoing medical necessity for the service or the need to move up or down the continuum of services to another level of care.

Provider agencies for Partial Hospitalization are licensed by the Division of Health Service Regulation, endorsed by the LMEs as meeting the program specific requirements for provision of Partial Hospitalization and enrolled in Medicaid. The staff providing this service are employees of the enrolled agency. Their qualifications and the discrete service components they perform are listed below.

All services in the Partial Hospital are provided by a team, which may have the following configuration: social workers, psychologists, therapists, case managers, or other MH/SA paraprofessional staff. The partial hospital milieu is directed under the supervision of a physician. Staff shall include at least one qualified mental health professional.

The following sets forth the activities included in this service definition. These activities reflect the appropriate scope of practice for the Partial Hospital staff identified below.

Physician: Participate in diagnosis, treatment planning, and admission/discharge decisions.

Social Workers, Psychologists, therapists: Group activities and therapy such as individual therapy and recreational therapy.

Case Managers: Case Management functions

Paraprofessional staff: Community living skills/training under the supervision of a Qualified Professional.

4.b.(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

(f) Mobile Crisis Management

This involves all supports, services and treatments necessary to provide integrated crisis response, crisis stabilization interventions and crisis prevention activities. It is available 24/7/365 and provides immediate evaluation, triage and access to acute MH/DD/SAS services, treatment, supports to effect symptom reduction, harm reduction and/or to safely transition persons in acute crisis to the appropriate environment for stabilization. It is provided by a team that includes a Qualified Professional who must be either, a nurse, a clinical social worker or psychologist. Teams include substance abuse professionals, and a psychiatrist must be available for face to face or telephone consults. Paraprofessionals with crisis management experience may also be included on the team but must work under the supervision of a professional. Experience with the appropriate disability group is required and 20 hours of crisis intervention training within the first 90 days of employment is necessary. The maximum length of the service is 24 hours per episode and prior authorization will be required after the first 8 hours for the remaining 16 hours. Documentation must include: a service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's interventions, includes the time spent performing the interventions, effectiveness of the intervention, and the signature of the staff providing the service.

NOTE: This has a limitation; however the service requires stabilization or movement into an environment that can stabilize so it is not really a termination of service.

4.b.(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

(g) Intensive In-Home
A time limited mental health/substance abuse service that can be provided through age 20 in order to:

- diffuse current crisis as a first responder,
- intervene to reduce likelihood of re-occurrence,
- ensure linkage to community services and resources,
- monitor and manage presenting psychiatric and/or addictions,
- provide self-help and living skills for youth; and
- work with caregivers in implementation of home-based supports and other rehabilitative supports to prevent out of home placement for the child.

This is a team service provided by qualified professionals, associate professionals and paraprofessionals. There is a team to family ratio to keep case load manageable and staff must complete intensive in home training with in the first 90 days of employment. Services are provided in the home or community and not billable for children in detention or inpatient settings. The service requires a minimum of 12 face to face contacts the first month with a contact being defined as all visits within a 24 hour period. A minimum of 2 hours of service must be provided each day for the service to be billable. Number of visits per month for the second and third month of the service will be titrated with the expectation of six visits per month. Documentation must include: a daily full service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's interventions, includes the time spent performing the interventions, effectiveness of the intervention, and the signature of the staff providing the service**.** The provider agency must be certified and enrolled as a Critical Access Behavioral Health Care Agency by July 1, 2009. The service must be ordered by a physician, licensed psychologists, physician's assistant or nurse practitioner and prior approval will be required via the statewide UR vendor or by an approved LME contracted with the Medicaid Agency and meeting the same standards and requirements as the statewide vendor. This initial prior approval process will ensure that the level of the service is appropriate and concurrent reviews will determine the ongoing medical necessity for the service or the need to move up or down the continuum of services to another level of care.

This service can only be provided by one Intensive In-Home provider at the time and cannot be billed on the same day as Multisystemic Therapy, Day Treatment, Hourly Respite, Individual, group or family therapy, SAIOP, or living in a Level II-IV child residential or substance abuse residential facility.

4.b.(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

(h) Multisystemic Therapy (MST)
This mental health/substance abuse program is an evidenced-based practice designed for youth generally between the ages of 7 and 17 who have antisocial, aggressive/violent behaviors and are at risk for out of home placement due to delinquency; adjudicated youth returning from out of home placement and/or chronic or violent juvenile offenders; and youths with serious emotional disturbances or abusing substances. As required by EPDST, youth outside of these age ranges would be able to receive the service if medically necessary and if no other more appropriate service is available. This is a team service that has the ability to provide service 24/7/365. The services include assessment, individual therapeutic interventions with the youth and family, case management, and crisis stabilization. Specialized therapeutic interventions are available to address special areas such as substance abuse, sexual abuse, sex offending, and domestic violence. The service must be ordered by a physician, licensed psychologists, physician's assistant or nurse practitioner and prior approval will be required via the statewide UR vendor or by an approved LME contracted with the Medicaid Agency and meeting the same standards and requirements as the statewide vendor. This initial prior approval process will ensure that the level of the service is appropriate and concurrent reviews will determine the ongoing medical necessity for the service or the need to move up or down the continuum of services to another level of care.

A minimum of 12 contacts are required within the first month of the service and for the next two months an average of 6 contacts per month will occur. It is the expectation that service frequency will be titrated over the last two months. Documentation must include: a daily full service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's interventions, includes the time spent performing the interventions, effectiveness of the intervention, and the signature of the staff providing the service.

Clinical criteria (medical necessity criteria for admission and continued stay) are embedded in the service definition. The provider qualifications are at a minimum a master's level QP who is the team supervisor and three QP staff. Staff is required to participate in MST introductory training and quarterly training on topics related to the needs of MST youth and their family on an ongoing basis. All MST staff shall receive a minimum of one hour of group supervision and one hour of telephone consultation per week from specially trained MST supervisors. Limitations are in place to prevent reimbursement for duplication of services.

4.b.(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

(i) Substance Abuse Intensive Outpatient (SAIOP)
This service provides motivational enhancement and engagement therapies for recovery, random alcohol/ drug testing and strategies for relapse prevention to include community and/or other strategies for relapse preventions. These therapies include:

- Individual counseling and support,
- Group counseling and support,
- Family counseling and support,
- Biochemical assays to identify recent drug use (e.g. urine drug screens),
- Strategies for relapse prevention: community and social support systems in treatment,
- Crisis contingency planning,
- Disease management; and
- Treatment support activities that have been adapted or specifically designed for persons with physical disabilities or persons with co-occurring disorders of mental illness and/or developmental disabilities and/or substance abuse/dependence.

Family counseling and support as well as group counseling and support are provided only for the direct benefit of the recipient of the SAIOP program.

SAIOP must be available for a minimum of 3 hours per day, be operated out of a licensed substance abuse facility and can be provided in a variety of settings. The maximum face to face ratio is an average of not more than 12 recipients to 1 direct services staff based on average daily attendance. Documentation must include: a service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's interventions, includes the time spent performing the interventions, effectiveness of the intervention, and the signature of the staff providing the service. This service can only be provided by qualified substance abuse professional staff with the following licenses or certifications: Licensed Psychological Associates, Licensed Professional Counselors, Licensed Clinical Social Workers, Certified Substance Abuse Counselors, and Licensed Clinical Addiction Specialists. This service must be ordered by an MD, NP, PA or PhD psychologist. Prior approval will be required via the statewide UR vendor or by an approved LME contracted with the Medicaid Agency and meeting the same standards and requirements as the statewide vendor. This initial prior approval process will ensure that the level of the service is appropriate and concurrent reviews will determine the ongoing medical necessity for the service or the need to move up or down the continuum of services to another level of care.

13. D. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services
Description of Services

(i) Evaluation/Assessments/ Psycho-therapy/Behavioral Health Counseling
For the complete description of the service, see Attachment 3.1-A.1 pages 15a.14 and 15a.15. (In accordance with 42 CFR 440.130)

(ii) Diagnostic Assessment
This is a clinical face to face evaluation of a recipient's MH/DD/SAS condition that will establish a need for the enhanced benefit package of services. It is a team service and must include evaluations by either, a physician, physician assistant, nurse practitioner or licensed psychologist who can sign an order for services and a licensed or certified practitioner with expertise in MH/DD/SAS as appropriate and consist of the following:

- a chronological general health and behavioral health history (includes both mental health and substance abuse) of the recipient's symptoms, treatment, treatment response and attitudes about treatment over time, emphasizing factors that have contributed to or inhibited previous recovery efforts; biological, psychological, familial, social, developmental and environmental dimensions and identified strengths and weaknesses in each area;
- a description of the presenting problems, including source of distress, precipitating events, associated problems or symptoms, recent progressions, and current medications;
- a strengths/problem summary which addresses risk of harm, functional status, co-morbidity, recovery environment, and treatment and recovery history;
- diagnoses on all five (5) axes of DSM-IV;
- evidence of an interdisciplinary team progress note that documents the team's review and discussion of the assessment;
- a recommendation regarding target population eligibility; and
- evidence of recipient participation including families, or when applicable, guardians or other caregivers.

Documentation must include the following elements:

- a chronological general health and behavioral health history (includes both mental health and substance abuse) of the recipient's symptoms, treatment, treatment response and attitudes about treatment over time, emphasizing factors that have contributed to or inhibited previous recovery efforts; biological, psychological, familial, social, developmental and environmental dimensions and identified strengths and weaknesses in each area;
- a description of the presenting problems, including source of distress, precipitating events, associated problems or symptoms, recent progressions, and current medications;
- strengths/problem summary which addresses risk of harm, functional status, co-morbidity, recovery environment, and treatment and recovery history;
- diagnoses on all five (5) axes of DSM-IV;
- evidence of an interdisciplinary team progress note that documents the team's review and discussion of the assessment;

13. D. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services (42 CFR 30.130(a))

- a recommendation regarding target population eligibility; and
- evidence of recipient participation including families, or when applicable, guardians or other caregivers.

All other services in this section are covered in 42 CFR 440.130(d).

(iv) Psychosocial Rehabilitation
This service provides skills development, educational and prevocational activities:

- Community living such as house keeping, shopping, cooking, use of transportation facilities, money management,
- Personal care such as health care, medication self management, grooming,
- Social relationships,
- Educational activities which include assisting client in securing needed educational services such as adult basic education and special interest courses; and
- Prevocational activities which focus on development of positive work habits and participation on activities that increase participant's self worth, purpose and confidence. These activities are not to be job specific training.

It is available for a period of 5 or more hours per day. The interventions must be included in a treatment plan and may be any of the following: behavioral interventions/management, social and other skill development, adaptive skill training, enhancement of communication and problem solving skills, anger management, family support, medication monitoring, monitoring of changes in psychiatric symptoms/or functioning and positive reinforcement. Program assurance that there should be a supportive, therapeutic relationship between providers and the recipient. It is provided in a licensed facility with staff to recipient ratio of 1:8. This service is provided to outpatients by a mental health organization that meets State licensure requirements, and providers of the services will meet the appropriate Federal requirements or the State requirements. Documentation must include: a weekly full service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's interventions, includes the time spent performing the interventions, effectiveness of the intervention, and the signature of the staff providing the service. This service must be ordered by an MD, NP, PA or PhD psychologist. Prior approval will be required via the statewide UR vendor or by an approved LME contracted with the Medicaid Agency and meeting the same standards and requirements as the statewide vendor. This initial prior approval process will ensure that the level of the service is appropriate and concurrent reviews will determine the ongoing medical necessity for the service or the need to move up or down the continuum of services to another level of care.

The Psychosocial Rehabilitation program shall be under the direction of a person who meets the requirements specified for Qualified Professional status. The Qualified Professional is responsible for supervision of other program staff which may include Associate Professionals and Paraprofessionals. All staff must have the knowledge, skills, and abilities required by the population and age to be served.

13. D. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services (42 CFR 30.130(a))

Provider agencies for Psychosocial Rehabilitation are licensed by the Division of Health Service Regulation, endorsed by the LMEs as meeting the program specific requirements for provision of Psychosocial Rehabilitation and enrolled in Medicaid. The staffs providing this service are employees of the enrolled agency. Their qualifications and the discrete service components they perform are listed below.

The Psychosocial Rehabilitation program shall be under the direction of a person who meets the requirements specified for Qualified Professional status. The Qualified Professional is responsible for supervision of other program staff which may include Associate Professionals and Paraprofessionals. All staff must have the knowledge, skills, and abilities required by the population and age to be served.

The following sets forth the activities included in this service definition. These activities reflect the appropriate scope of practice for the Psychosocial Rehabilitation program staff identified below.

Qualified Professional: In addition to the following activities, the Qualified Professional may provide any activity listed under Associate Professional or Paraprofessional: case management components; developing, implementing, and monitoring the Person Centered Plan; behavioral interventions/management; social and other skill development, adaptive skill training; enhancement of communication and problem solving skills, anger management, family support, medication monitoring, monitoring of changes in psychiatric symptoms/or functioning.

Associate Professional: In addition to the following activities, the Associate Professional may provide the activities listed under Paraprofessionals: behavioral interventions/management; social and other skill development, adaptive skill training; enhancement of communication and problem solving skills, anger management, family support, medication monitoring, monitoring of changes in psychiatric symptoms/or functioning.

Paraprofessional: Community living, such as housekeeping, shopping, cooking, use of transportation facilities, money management; personal care such as health care, medication self-management, grooming; social relationships; use of leisure time; prevocational activities which focus on the development of positive work habits; assisting the client in securing needed education services.

Operating Requirements

Each facility shall have a designated program director.
A minimum of one staff member on-site to each eight or fewer clients in average daily attendance shall be maintained.

13. D. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

(vii) Community Support Team (CST) - (adults)
Services provided by this team consist of mental health and substance abuse services and supports necessary to assist adults in achieving rehabilitation and recovery goals. It assists individuals to gain access to necessary services; reduce psychiatric and addiction symptoms; and develop optimal community living skills. The services include assistance and support to individuals in crisis situation; service coordination; psycho education and support for individuals and their families; independent living skills; development of symptom monitoring and management skills, monitoring medications and self-medication.

- Assist individuals to gain access to necessary services to reduce psychiatric and addiction symptoms,
- Assistance and support for individuals in crisis situations,
- Service coordination,
- Psycho-education,
- Individual restorative interventions for development of interpersonal, community coping and independent living skills; and
- Monitoring medications and self medication.

Documentation must include: a service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's interventions, includes the time spent performing the interventions, effectiveness of the intervention, and the signature of the staff providing the service.

The CST provider assumes the role of advocate, broker, coordinator and monitor of the service delivery system on the behalf of the recipient. The service must be ordered and prior approval will be required. A CST team will be comprised of 3 staff persons one of which is the team leader and must be a QP. The other two may be a QP, AP or a paraprofessional. The team maintains a consumer to practitioner ratio of no more than fifteen consumers per staff person. All staff providing this service must have a minimum of one year documented experience with the adult population and completion of a minimum of twenty hours of crisis management and community support team service definition required within the first 90 days of hire. Clinical criteria are imbedded in the definition as well as service limitations to prevent duplication of services. It must be ordered by either, a physician, physician assistant, nurse practitioner or licensed psychologist. The provider agency must be certified and enrolled as a Critical Access Behavioral Health Care Agency by July 1, 2009. Prior approval will be required via the statewide UR vendor or by an approved LME contracted with the Medicaid Agency and meeting the same standards and requirements as the statewide vendor. This initial prior approval process will ensure that the level of the service is appropriate and concurrent reviews will determine the ongoing medical necessity for the service or the need to move up or down the continuum of services to another level of care.

NOTE: This service is used as an intervention to avoid need for a higher level of care or as a step down from a higher level of care. It is an ACTT "lite" service.

13. D. Behavioral Health Rehabilitative Services *(continued)*
Provider Qualifications for Staff Employed by Agencies Enrolled with Medicaid

Services under this section are provided by licensed practitioners or programs/agencies for the mentally ill, developmentally disabled and substance abusers certified as clinical addiction specialists and clinical supervisors meeting the program standards of the Commission on Mental Health, Developmental Disabilities and Substance Abuse Services; and who are directly enrolled with Medicaid. These services are available to categorically needy and medically needy recipients. They are provided under a sunset clause by certified or privileged staff of Local Management Entities (LME) directly enrolled with Medicaid. Services include the following:

1. Outpatient Psychotherapy (billed under CPT codes between 90801 through 90857) found in the psychiatric code section of the CPT book. These codes include outpatient psychotherapy codes including individual insight oriented, behavior modifying, and/or supportive psychotherapy; interactive psychotherapy; family psychotherapy; and group psychotherapy. Service can be billed by all licensed clinicians according to their scope of practice.

2. Psychological Testing, Developmental Testing, and Neuro-behavioral Testing (described in section/billed under CPT codes between 96100 through 96117). Services can only be billed by PhD and Master's Level Psychologist. These codes include psychological testing; developmental testing; neurobehavioral status examinations; and neuropsychological testing.

3. Behavioral Health Assessment* and Counseling as described in the HCPCS book, under the following codes:
   - H0031 Mental health assessment (a non-physician assessment),
   - H0004 Behavioral health counseling and therapy (modifiers are added to match CPT codes for group counseling, and for family therapy), and
   - H0005 Alcohol and/or drug services; group counseling by a clinician (substance abuse group counseling).

** Certified Clinical Addictions Specialists (CCAS) and Certified Clinical Supervisors (CCS) can only bill for the three HCPCS codes identified above.*

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

Payment for Rehabilitation Services:

FY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Rehabilitation Services for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005, except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2010 – The rates for SFY2010 are frozen as of the rates in effect at July 1, 2009 except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule. Effective October 1, 2009, an overall program reduction of 4.68% was applied. There will be no further annual adjustment.

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

Reference: Attachment 4.19-B, Section 13

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