

**4.b Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.**

- (8) 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 in 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. Specific-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.*"

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.

Critical Access Behavioral Health Agencies (CABHA), for profit, not for profit, public, or private behavioral health care, behavioral health services provider agencies, will be certified by the North Carolina Department of Health and Human Services (the Department) as meeting the following staffing, and operational certification requirements.

4.b **Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. (continued)**

Critical Access Behavioral Health Agency (CABHA)

A Critical Access Behavioral Health Agency must meet all statutory, rule and policy requirements for Medicaid mental health and substance abuse service provision and monitoring; be determined to be in good standing with the Department; and have a three year (or longer) accreditation from an accrediting body recognized by the Secretary of the Department of Health and Human Services. State statutory requirements regulating the provision of mental health and substance abuse services are in North Carolina General Statute, Chapter 122C; administrative rules relating to these services are in 10A NCAC 27 and clinical policy requirements are specified in Medicaid Clinical Policy Section 8. Medicaid and enrollment policy require compliance with Federal Medicaid Policy relating to confidentiality, record retention, fraud and abuse reporting and education, documentation, staff qualifications and compliance with clinical standards for each service. Required staff for a CABHA includes a Medical Director; a Clinical Director and a Quality Management/Training Director.

4.b **Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. (continued)**

Critical Access Behavioral Health Agency (CABHA) (continued)

Each CABHA is required to offer at a minimum the following five services;

1. Comprehensive clinical assessment, which is defined as a face to face evaluative review by a qualified licensed practitioner, of a recipient's medical, psychological, familial, social and psychiatric treatment history; current mental status and functioning, strengths, natural supports, current treatment and medication regime, for the purpose of developing a diagnostic formulation of the recipient's treatment needs and treatment plan.; may be provided under Diagnostic Assessment, Attachment 3.1-A1, Page 7c.2 or under Rehabilitative Services for Behavioral Health, Page 7c.12 – 13.
2. Medication management defined as pharmacologic management including review of medication use, both current and historical, if indicated; evaluation of symptoms being treated, side effects and effectiveness of current medication(s), adjustment of medications if indicated, and prescription, provided by a medical professional practicing within the scope of his or her licensure; may be provided under Physician Services, Attachment 3.1-A.1, Page 7h or under Rehabilitative Services for Behavioral Health, Page 7c.12 – 13.
3. Outpatient therapy defined as outpatient psychotherapy 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, as indicated on Attachment 3.1-A.1., page 7.c.12 – 13.
4. At least two additional mental health and/or substance abuse services from the list below for which the agency has received site and service specific endorsement from the Local Management Entity in the same region where it provides the services and which provide a continuum of service which is age and disability specific. There is a description of each of the services, including who provides the services and their qualifications in the State Plan in Attachment 3.1-A.1.,-on the page as indicated below.

These services must include two or more of the following:

Services	Page Reference
Intensive In-Home (IIH)	Page 7c.6
Community Support Team (CST)	Page 15a.6
Substance Abuse Intensive Outpatient Program (SAIOP)	Pages 7c.8 & 15a.9-A
Substance Abuse Comprehensive Outpatient Treatment (SACOT)	Page 15a.10
Child and Adolescent Day Treatment	Page 7c.4
Psychosocial Rehabilitation (PSR)	Page 15a.3
Assertive Community Treatment Team (ACTT)	15a.7
Multi-Systemic Therapy (MST)	Page 7c.7
Partial Hospitalization (PH)	Pages 7c.5 & 15a.4
Substance Abuse Medically Monitored Community Residential Treatment	Page 15a.11-A
Substance Abuse Non-Medical Community Residential Treatment	Page 15a.11
Outpatient Opioid Treatment	Page 15a.9
(Therapeutic Foster Care) Child Residential Level II – Family Type	Page 15a.19
Child Residential Level II – Program Type	Page 15a.19
Child Residential Level III and IV	Page 15a.20

CABHAs and non-CABHA agencies may provide Comprehensive Clinical Assessments, Medication Management, and Outpatient Therapy.

**4.b Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. (continued)**

Only CABHAs will be able to provide Community Support Team, Intensive In-Home, Child and Adolescent Day Treatment after December 31, 2010.

CABHAs must coordinate with other provider participants, Carolina Access and other primary care providers to improve the coordination of services within the Local Management Entity's community of providers.

The following services under this section 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 (as defined in Attachment 3.1-A.1, on pages as indicated):

Evaluation/Assessments/Psycho-therapy/Behavioral Health Counseling (Page 7c.2; Pages 7c.12 - 13), Diagnostic Assessment (Page 7c.2), Community Supports Child (Page 7c.3), Day Treatment (Page 7c.4), Partial Hospital (Page 7c.5), Mobile Crisis Management (Page 7c.5a), Intensive In-Home (Page 7c.6), Multisystemic Therapy (Page 7c.7), Substance Abuse Intensive Outpatient (Page 7c.8), and Ambulatory Detoxification (Page 15a.12). Non State plan services will be covered for the population age birth through 21 when a determination is made that the services are medically necessary.

**4.b Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. (continued)**

(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. 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 services. 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. After December 31, 2010, this service can only be provided by and billed by a Critical Access Behavioral Health Care Agency (CABHA). 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 a time and cannot be billed on the same day as any inpatient, residential, or any other intensive in home service.

---

TN No.: 10-013

Supersedes

TN No.: 09-017

Approval Date: 06-25-10

Effective Date: 04/01/2010

**4.b Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. (continued)**

(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. After December 31, 2010, this service can only be provided by and billed by a Critical Access Behavioral Health Care Agency (CABHA). 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 (Attachment 3.1-A.1, Pages 15a.19-20) or substance abuse residential facility.

**13. d. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services**

These services are available to categorically needy and medically needy recipients. 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 (CABHA), and directly enrolled in Medicaid. See Section 4.b.(8) in this Attachment 3.1-A.1 for a description of a CABHA. 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 in the North Carolina Practice Act.

Critical Access Behavioral Health Agencies (CABHA):

Critical Access Behavioral Health Agencies (CABHA), for profit, not for profit, public, or private behavioral health care, behavioral health services provider agencies, will be certified by the North Carolina Department of Health and Human Services (the Department) as meeting the following staffing, and operational certification requirements.

A Critical Access Behavioral Health Agency must meet all statutory, rule and policy requirements for Medicaid mental health and substance abuse service provision and monitoring; be determined to be in good standing with the Department; and have a three year (or longer) accreditation from an accrediting body recognized by the Secretary of the Department of Health and Human Services. State statutory requirements regulating the provision of mental health and substance abuse services are in North Carolina General Statute, Chapter 122C; administrative rules relating to these services are in 10A NCAC 27 and clinical policy requirements are specified in Medicaid Clinical Policy Section 8. Medicaid and enrollment policy require compliance with Federal Medicaid Policy relating to confidentiality, record retention, fraud and abuse reporting and education, documentation, staff qualifications and compliance with clinical standards for each service.

Required staff for a CABHA includes a Medical Director; a Clinical Director and a Quality Management/Training Director. Each CABHA is required to offer at a minimum the following five services:

1. Comprehensive clinical assessment, which is defined as a face to face evaluative review by a qualified licensed practitioner, of a recipient's medical, psychological, familial, social and psychiatric treatment history; current mental status and functioning, strengths, natural supports, current treatment and medication regime, for the purpose of developing a diagnostic formulation of the recipient's treatment needs and treatment plan; may be provided under Diagnostic Assessment, (Attachment 3.1-A.1, Page 15a.1) or under Behavioral Health Rehabilitative Services (Pages 15a.16-17).
2. Medication management, defined as pharmacologic management including review of medication use, both current and historical if indicated; evaluation of symptoms being treated, side effects and effectiveness of current medication(s), adjustment of medications if indicated, and prescription provided by a medical professional practicing within the scope of his or her licensure; may be provided under Physician Services, Attachment 3.1-A.1, Page 7h or under Behavioral Health Rehabilitative Services, Page 15a.16-17.
3. Outpatient therapy, defined as outpatient psychotherapy 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, as indicated in Attachment 3.1-A.1 on Page 15a.16-17.
4. At least two additional mental health and/or substance abuse services from the list below for which the agency has received site and service specific endorsement from the Local Management Entity in the same region where it provides the services and which provide a continuum of service which is age and disability specific. There is a description of each of the services, including who provides the services and their qualifications in the State plan, in Attachment 3.1-A.1, on the Pages as indicated below:

**13. d. Diagnostic, Screening, Preventive, Treatment and Rehabilitative Services (continued)**

These services must include two or more of the following as described in Attachment 3.1-A.1 of the State's plan on the pages indicated:

Services	Page Reference
Intensive In-Home (IIH)	Page 7c.6
Community Support Team (CST)	Page 15a.6
Substance Abuse Intensive Outpatient Program (SAIOP)	Pages 7c.8 & 15a.9-A
Substance Abuse Comprehensive Outpatient Treatment (SACOT)	Page 15a.10
Child and Adolescent Day Treatment	Page 7c.4
Psychosocial Rehabilitation (PSR)	Page 15a.3
Assertive Community Treatment Team (ACTT)	15a.7
Multi-Systemic Therapy (MST)	Page 7c.7
Partial Hospitalization (PH)	Pages 7c.5 & 15a.4
Substance Abuse Medically Monitored Community Residential Treatment	Page 15a.11-A
Substance Abuse Non-Medical Community Residential Treatment	Page 15a.11
Outpatient Opioid Treatment	Page 15a.9
(Therapeutic Foster Care) Child Residential Level II – Family Type	Page 15a.19
Child Residential Level II – Program Type	Page 15a.19
Child Residential Level III and IV	Page 15a.20

CABHAs and non-CABHA agencies may provide Comprehensive Clinical Assessments, Medication Management, and Outpatient Therapy.

Only CABHAs will be able to provide Community Support Team, Intensive In-Home, Child and Adolescent Day Treatment (both for individuals under 21) after December 31, 2010.

**13. d. Diagnostic, Screening, Preventive, Treatment and Rehabilitative Services (continued)**

CABHAs must coordinate with other provider participants, Carolina Access and other primary care providers to improve the coordination of services within the Local Management Entity's community of providers.

Rehabilitative Services include the following:

- A. 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 in accordance with 42 CFR 430.130(a).
- B. Other medically necessary diagnostic, screening, treatment, preventive and rehabilitative (ODSPR) services for the mentally ill, developmentally disabled 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 in accordance with 42 CFR 430.130(d).

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

The following services will be covered when a determination is made that the service will meet specific behavioral health needs of the recipient. Specific services must ameliorate diagnosable conditions or prevent the anticipated deterioration of the patient's condition. Family services must be to the exclusive benefit of the Medicaid eligible beneficiary, and is designed to address a specific rehabilitative goal.

Covered services for adults, as described in Attachment 3.1-A.1, on the pages indicated in the text below include:

Evaluation/Assessments/Psycho-therapy/Behavioral Health Counseling, Diagnostic Assessment, (Pages 15a.1, 16 and 17), Community Supports Adults (Page 15a. 2), Psychosocial Rehabilitation (Page 15a.3), Partial Hospital (Page 15a. 4), Mobile Crisis Management (Page 15a. 5) , Community Support Team Adults (Page 15a.6), Assertive Community Treatment Team (Page 15a. 7) Professional Treatment Services in Facility-Based Crisis Programs (Page 15a. 8), Opioid Treatment (Page 15a.9), Substance Abuse Intensive Outpatient (Page 15a. 9-A), Substance Abuse Comprehensive Outpatient Treatment (Page 15a.10), Substance Abuse Non-Medical Community Residential Treatment (excluding room and board) (Page 15a.11), Substance Abuse Medically Monitored Residential Treatment (excluding room and board) (Page 15a.11-A), Ambulatory Detoxification ( Page 15a.12), Non-Hospital Medical Detoxification, and Medically Monitored or Alcohol Drug Addiction Treatment Center Detoxification/Crisis Stabilization (Page 15a.13).

**13. d. Diagnostic, Screening, Preventive, Treatment 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. After December 31, 2010, this service can only be provided by and billed by a Critical Access Behavioral Health Care Agency (CABHA). 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.

---

TN No.: 10-013

Supersedes

TN No.: 09-017

Approval Date: 06-25-10

Effective Date: 04/01/2010

**STATE PLAN AMENDMENT**

**NC-10-013**

**SUBJECT**

**CRITICAL ACCESS BEHAVIORAL HEALTH  
AGENCY (CABHA)  
(3.1-A.1)**

**DRAFT APPROVAL PACKET**

**PLEASE INITIAL AFTER REVIEW AND PASS ON**

**CLARENCE**

**ELAINE**

**MARY KAYE**

**JACKIE**

**MARY**

\_\_\_\_\_

*JR*

*Jina Roberts acting for M.K Gustis 6/29/10*

*JS 6/29/10*

**TO MARY**