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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 13-010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

September 6, 2017

Mr. Dave Richard
Deputy Secretary for Medical Assistance
North Carolina Department of Health and Human Services
1985 Umstead Drive
Raleigh, NC 27699-2501

RE: SPA 13-010

Dear Mr. Richard:

Enclosed is an approved copy of North Carolina's state plan amendment (SPA) 13-010 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 25, 2013. This SPA is in response to a companion letter issued with SPA 12-014. The companion letter requested the state to clearly define and describe rehabilitation services and to identify the requirements for practitioner providers.

A formal Request for Additional Information (RAI) was issued to the state on December 12, 2013. Since that time, the state has worked diligently with CMS to ensure appropriate service descriptions and provider qualifications were acceptable.

Based on the information provided, the Medicaid State Plan Amendment NC 13-010 was approved on September 6, 2017. The effective date of this SPA is July 1, 2013. The signed 179 and the approved plan pages are enclosed.

CMS appreciates the work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Kenni Howard at 404-562-413 or by email at kenni.howard@cms.hhs.gov.

Sincerely,

//s//

Shantrina Roberts
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 13-010	2. STATE NC
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2013	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN x <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2015 \$0.00 b. FFY 2016 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A.1 pages 7c.4, 7c.5, 7c.6, 7c.6a, 7c.7a, 7c.8, 15a.3a, 15a.4a, 15a.6a, 15a.7, 15a.7-A, 15a.9, 15a.9-B, 15a.10, 15a.11, 15.11-A, 15a.19 and 15a.19a through 15a.19r		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A.1 pages 7c.4, 7c.5, 7c.6, 7c.6a, 7c.7a, 7c.8, 15a.3a, 15a.4a, 15a.6a, 15a.7, 15a.7-A, 15a.9, 15a.9-B, 15a.10, 15a.11, 15.11-A, 15a.19	
10. SUBJECT OF AMENDMENT: Rehabilitative Services			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT x <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO: Office of the Secretary Department of Health and Human Services 20011 Mail Service Center Raleigh, NC 27699-2001	
13. TYPED NAME: Aldona Z. Wos, M.D			
14. TITLE: Secretary			
15. DATE SUBMITTED: 09/25/13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 09/25/13		18. DATE APPROVED: 09/06/17	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/13		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Shantrina Roberts		22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS: Approved with following changes to the 179 as authorized by state agency on RAI Response dated 07/21/17: Block number 8 changed to read: Attachment 3.1-A.1, page 7c.4, 7c.5, 7c.6, 7c.6a(new), 7c.7a, 7c.8, 7c.13a, 15a.3a, 15a.4, 15a.4a(new), 15a.6, 15a.6a, 15a.7, 15a.7-A, 15a.9, 15a.9-B(new), 15a.10, 15a.11, 15a.11-A, 15a.18b(new), 15a.18c(new), 15a.18d(new), 15a.19, 15a.19-A (new) 15a.20, 15a.20-A(new) 15a.21(new), 15a.22(new), 15a.23(new), 15a.24(new), 15a.25(new), 15a.26(new), 15a.27(new), 15a.28(new), 15a.29(new), 15a.30(new), 15a.31(new), 15a.32(new), 15a.33(new), 15a.34(new), 15a.35(new). Block number 9 changed to read: Attachment 3.1-A.1, page 7c.4, 7c.5, 7c.6, 7c.7a, 7c.8, 7c.13a, 15a.3a, 15a.4, 15a.6, 15a.6a, 15a.7, 15a.7-A, 15a.9, 15a.10, 15a.11, 15a.11-A, 15a.19, 15a.20.			

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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. As required by EPSDT, children outside of these age ranges would be able to receive the service if medically necessary and if no other more appropriate service is available. 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.

Service limitations:

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.

The following are not billable under this service:

- Transportation time (this is factored in the rate)
- Any habilitation activities
- Child care
- Any social or recreational activities (or the supervision thereof)
- Clinical and administrative supervision of staff (this is factored in the rate)
- Educational instruction

TN No.: 13-010

Supersedes

TN No.: 10-013

Approval Date: 09/06/17

Effective Date: 07/01/2013

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

Child and Adolescent Day Treatment service delivery to individuals other than the beneficiary may be covered only when the activity is directed exclusively toward the benefit of that beneficiary. Day Treatment services may not be provided during the same authorization period as the following services:

- Intensive In-Home Services;
- Multisystemic Therapy;
- Individual, group and family therapy;
- Substance Abuse Intensive Outpatient Program;
- Child Residential Treatment services—Levels II (Program Type) through IV;
- Psychiatric Residential Treatment Facility (PRTF);
- Substance abuse residential services; or
- Inpatient hospitalization.

Day Treatment shall be provided in a licensed facility separate from the beneficiary's residence.

Note: For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the State Plan or when coverage is limited to those over 21 years of age.

Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

Partial Hospitalization (PH):

This is a short term service for acutely mentally ill children and adults which provides a broad range of intensive therapeutic approaches-including:

- Individual/group therapies,
- Community living skills/training, and
- Coping skills.

Partial Hospitalization 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.

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

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

All services in the Partial Hospitalization are provided by a team, which may have the following configuration: social workers, psychologists, therapists, or paraprofessionals.

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

Physician: The partial hospitalization milieu is directed under the supervision of a physician. The physician participates in diagnosis, treatment planning, and admission/discharge decisions.

Qualified Professional: Staff shall include at least one Qualified Professional (qualifications described on Attachment 3.1-A.1, 15a.15). Qualified Professionals practicing within the scope of their licensing and training shall perform group activities and therapy such as individual supportive therapy and recreational therapy. Care coordination functions are performed by the Qualified Professional as clinically indicated.

Paraprofessionals: (qualifications described on Attachment 3.1-A.1, 15a.14): Paraprofessionals perform community living skills training under the supervision of a Qualified Professional.

Exclusions and limitations of PH are:

- A beneficiary can receive PH services from only one PH provider at a time.
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

(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.

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

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 within 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.

Service Limitations:

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 for individuals living in a Level II-IV program type facility (Attachment 3.1-A.1, Pages 15a.19-20) Psychiatric Residential Treatment Facility, or substance abuse residential facility. The following are not billable under this service:

- Transportation time (this is factored in the rate)
- Any habilitation activities
- Any social or recreational activities (or the supervision thereof)
- Clinical and administrative supervision of staff, including team meetings (this is factored in the rate)

Service delivery to individuals other than the beneficiary may be covered only when the activity is directed exclusively toward the benefit of that beneficiary.

Note: For Medicaid beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

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

b) a graduate of a college or university with a Master's degree in a human service field and has one year of full-time, post-graduate degree accumulated MH/DD/SA experience with the population served, or a substance abuse professional who has one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling; or

(c) a graduate of a college or university with a bachelor's degree in a human service field and has two years of full-time, post-bachelor's degree accumulated MH/DD/SA experience with the population served, or a substance abuse professional who has two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or

(d) a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated MH/DD/SA experience with the population served, or a substance abuse professional who has four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling.

Providers wish to offer MST as a service must be credentialed by their Local Management Entity, be licensed by MST Inc., and be enrolled as a North Carolina Medicaid provider. These providers agree to adhere to the principles of MST.

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.

Service Exclusions and Service Limitations:

A beneficiary may receive MST services from only one MST provider organization at a time. MST services may not be billed for beneficiaries who are receiving, Intensive In-Home Services, Day Treatment, individual, group or family therapy, SAIOP, Child residential Level II-IV, Non-Medical Community Residential Treatment or Medically Monitored Community Residential Treatment.

Note: For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

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4.b. 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, and
- Self-Management of Symptoms 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.

Exclusions and limitations of SAIOP are:

- SAIOP cannot be billed during the same authorization as SA Comprehensive Outpatient Treatment, Ambulatory Detoxification, Non-Hospital Medical Detoxification, Medically Monitored or Alcohol Drug Addiction Treatment Center Detoxification (ADATC)/Crisis Stabilization, all detoxification services levels, Non-Medical Community Residential Treatment or Medically Monitored Community Residential Treatment.
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the North Carolina State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

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Services include the following:

1. Outpatient Psychotherapy services are individual psychotherapy, family psychotherapy; and group psychotherapy. Psychotherapy, as defined in the 2011 American Medical Association's Current Procedural Terminology (CPT) Manual, is the treatment for mental illness as well as substance use disorders in which the clinician through therapeutic communication attempts to alleviate the emotional disturbances and reverse or change maladaptive patterns of behavior.

Individual psychotherapy is psychotherapy provided with the licensed clinician and the beneficiary on a one-to-one face-to-face basis. Family psychotherapy is psychotherapy provided with the licensed clinician and one or more family members face-to-face. Group psychotherapy is psychotherapy provided with the licensed clinician and more than one beneficiary face to face. Psychotherapy services may be provided in a variety of settings and psychotherapy may be practiced utilizing a variety of models many of which have significant evidence backing their efficacy. These models include Behavior Therapy, Cognitive Therapy, Psychodynamic Therapy, Cognitive Behavioral Therapy, and Person-Centered Therapy. Behavior Therapy is a treatment model that focuses on modifying observable behavior in order to regain and restore the beneficiary's level of social and emotional functioning and engagement in the community. Cognitive Therapy is a treatment model that focuses on challenging and changing distorted thinking in order to regain and restore the beneficiary's level of social and emotional functioning and engagement in the community. Psychodynamic Therapy is a treatment model that assumes dysfunctional behavior is caused by unconscious internal conflicts. The focus of treatment is to gain insight into unconscious motives of behavior in order to regain and restore the beneficiary's level of social and emotional functioning and engagement in the community. Cognitive Behavioral Therapy is a treatment model that assumes that maladaptive thinking patterns cause maladaptive behavior as well as negative emotions. The treatment focuses on changing the recipient's thoughts in order to change behavior as well as emotions in order to regain and restore the beneficiary's level of social and emotional functioning and engagement in the community.

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

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

Paraprofessional: The Paraprofessional may provide restoration of skills needed for community living, use of leisure time, workplace skills, and the skills needed to pursue 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 beneficiaries in average daily attendance shall be maintained.

PSR is available for a period of 5 or more hours per day. There should be a supportive, therapeutic relationship between providers and the beneficiary. It is provided in a licensed facility with staff to beneficiary 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 beneficiary'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 by the designated Medicaid 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.

Exclusions and limitations of PSR are:

- PSR cannot be provided during the same authorization period with the following services: Partial hospitalization and ACT.
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

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

(v) Partial Hospitalization (PH)

This is a short term service for acutely mentally ill adults which provides a broad range of intensive therapeutic approaches-including:

- Individual/group therapies,
- Community living skills/training, and
- Coping skills,

Partial Hospitalization (PH) 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 beneficiary's name, Medicaid identification number, date of service, purpose of contact, describes the provider's interventions, time spent performing the intervention, 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.

Service Operations Requirements:

Staff shall include at least one qualified mental health professional.

- (a) Each facility serving minors shall have:
 - (1) A program director who has a minimum of two years' experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field; and
 - (2) one staff member present if only one beneficiary is in the program and two staff members present when two or more beneficiaries are in the program.
- (b) each facility shall have a minimum ratio of one staff member present for every six beneficiaries at all times.
- (c) a physician shall participate in diagnosis, treatment planning, and admission and discharge decisions. This physician shall be a psychiatrist unless a psychiatrist is unavailable or for other good cause cannot be obtained.

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

Exclusions and limitations of PH are:

- A beneficiary can receive PH services from only one PH provider at a time.
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

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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.

Exclusions and limitations of CST are:

- A beneficiary may receive CST services from only one CST provider organization during any active authorization period for this service.

TN No.: 13-010

Supersedes

TN No.: 10-013

Approval Date: 09/06/17

Effective Date: 07/01/13

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

Description of Services

- The following are not billable under this service:
 - Transportation time (this is factored in the rate)
 - Any habilitation activities
 - Any social or recreational activities (or the supervision thereof)
 - Clinical and administrative supervision of staff (this is factored in the rate)
- Service delivery to individuals other than the beneficiary may be covered only when the activity is directed exclusively toward the benefit of that beneficiary.
- CST services may be provided for beneficiaries residing in adult mental health residential facilities that are 16 beds or less: independent living; supervised living low or moderate; and group living low, moderate, or high. CST services may not be provided for beneficiaries residing in a nursing home facility.
- CST services may be billed in accordance with the authorization for services during the same authorization period as Psychosocial Rehabilitation services based on medical necessity.
- For the purposes of helping a beneficiary transition to and from a service (facilitating an admission to a service, discharge planning, or both) and ensuring that the service provider works directly with the CST QP, CST services may be provided by the QP and billed for a maximum of 8 units for the first and last 30-day periods for beneficiaries who are authorized to receive the following service:
 - Assertive Community Team Treatment
- For the purposes of helping a beneficiary transition to and from a service (facilitating an admission to a service, discharge planning, or both), providing coordination during the provision of a service, and ensuring that the service provider works directly with the CST QP, CST services may be provided by the QP and billed for a maximum of eight units for each 30-day period for beneficiaries who are authorized to receive one of the following services:
 - Substance Abuse Intensive Outpatient Program
 - Substance Abuse Comprehensive Outpatient Treatment
- The provider of these services becomes responsible for the PCP and all other clinical home responsibilities.
- For the purposes of helping a beneficiary transition to and from a service (facilitating an admission to a service, discharge planning, or both), providing coordination during the provision of a service, and ensuring that the service provider works directly with the CST QP, CST services may be provided by the QP and billed in accordance with the authorization for services during the same authorization period for the following services based on medical necessity:
 - All detoxification services
 - Professional Treatment Services in Facility-Based Crisis Programs
 - Partial Hospitalization
 - Substance Abuse Medically Monitored Community Residential Treatment
 - Substance Abuse Non-Medically Monitored Community Residential Treatment
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

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.: 13-010

Supersedes

TN No.: 10-013

Approval Date: 09/06/17

Effective Date: 07/01/13

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

(viii) **Assertive Community Treatment (ACT)**

Assertive Community Treatment (ACT) is defined as an individual-centered, recovery-oriented mental health service delivery model for facilitating community living, psychosocial rehabilitation and recovery for persons who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs. ACT is a multi-disciplinary, self-contained clinical team approach with team members providing long-term intensive care in natural community settings. The team provides all mental health services rather than referring individuals to different mental health providers, programs, and other agencies.

The team provides evaluations (an assessment to determine the extent of the problems), outpatient treatment, case management, and community based services (described below) for individuals with mental health and substance abuse diagnoses. Interventions include the following, with a focus on achieving a maximum reduction of physical or mental disability and restoration of a beneficiary to his/her best possible functional level.

- Service coordination
- Crisis assessment and intervention
- Symptom assessment and management
- Individual counseling and psychotherapy, including cognitive and behavioral therapy
- Medication monitoring, administration and documentation
- Substance abuse treatment
- Working with beneficiaries to help them regain and restore skills needed to function socially and in the community and at an age-appropriate level.
- Support and consultation to families and other major supports

ACT is available 24/7/365, in any location except jails, detention centers, clinic settings and hospital inpatient settings. Beneficiary-to-staff ratio is eight-to-one with a maximum of nine-to-one. Documentation must include a service note that includes the beneficiary'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.

Minimum staff per team includes the following: a Licensed Professional, RN, QP, paraprofessional staff, certified peer specialist, and a psychiatric care provider role filled at least part-time by a physician for a minimum of 16 hours per week for every 60 beneficiaries for the largest teams and a smaller ratio for smaller teams of no less than 16 hours per 50 beneficiaries. The remainder of the psychiatric care provider time may be fulfilled by a nurse practitioner or a physician assistant. The team will provide a median rate of two contacts per week across all individuals served by that team. (This is billed per diem; the claims system is set so it will not reimburse for more than 4 in 1 month.).

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

(viii) **Assertive Community Treatment (ACT) (continued)**

The service is intended to provide support and guidance in all functional domains to enhance the beneficiary's ability to remain in the community. No other periodic mental health services can be billed in conjunction with this service. This service must be ordered by an MD, NP, PA or PhD psychologist. Evidenced based best practices for this service have been incorporated into the service definitions. Providers of (ACT) under the State Plan must demonstrate fidelity to the latest Tool for Measurement of Act (TMACT) models of care. This will ensure that all providers maintain fidelity to the current fidelity model as it is updated. Clinical criteria are also included in the definition. Prior approval will be required via the statewide UR vendor or by an approved LME-PIHP 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.

Staff Program Operations Requirements

- (a) Team composition. The team shall be interdisciplinary in order to carry out the varied activities needed to meet the complex needs of clients and shall include:
- (1) a qualified professional, appropriate to the diagnosis of the clients being served;
 - (2) a registered nurse;
 - (3) an MD (at least .25 FTE per 50 clients); and
 - (4) one or more paraprofessional staff trained to meet the needs presented by the facility's client population.
- (b) Team qualifications. Each member of the team shall be privileged and supervised based on their training, experience, and qualifications.

Exclusions and limitations of ACT are:

- A beneficiary can receive ACT services from only one ACT provider at a time. ACT is a comprehensive team intervention and most other services are excluded. Opioid Treatment can be provided concurrently with ACT.
- ACT services can be billed for a limited period of time in accordance with the PCP for beneficiaries who are receiving, CST, Partial Hospitalization, SAIOP, SACOT, PSR, or SA residential services for the purpose of facilitating transition to the service admission to the service, meeting with the beneficiary as soon as possible upon admission, providing coordination during the provision of service, ensuring that the service provider works directly with the ACT professional and discharge planning.
- ACT services can be provided for individuals residing in adult MH residential programs that are 16 beds or less (e.g. Supervised Living Low or Moderate, Group Living Low, Moderate or High).
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

TN No.: 13-010

Supersedes

TN No.: 10-013

Approval Date: 09/06/17

Effective Date: 07/01/13

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

(x) **Opioid Treatment**

This existing service is provided through the LMEs for the treatment of Opioid addiction in conjunction with the provision of rehabilitation and medical services. It is provided only for treatment and/or maintenance. The program must be licensed and must meet the Federal Guidelines for this program. Providers will be direct enrolled. It is provided by an RN, LPN, Pharmacist or MD. 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.

Exclusions and limitations of Opioid Treatment are:

- An individual may receive Opioid Treatment services from only one Opioid Treatment provider organization during any active authorization period for this service.
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

TN No.: 13-010

Supersedes

TN No.: 10-013

Approval Date: 09/06/17

Effective Date: 07/01/13

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

Exclusions and limitations of SAIOP are:

- SAIOP cannot be billed during the same authorization as SA Comprehensive Outpatient Treatment, all detoxification services levels, Non-Medical Community Residential Treatment or Medically Monitored Community Residential Treatment.
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

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

(xii) Substance Abuse Comprehensive Outpatient Treatment (SACOT)

This periodic service is a time-limited, multifaceted service approach for adults who require structure and support to achieve and sustain recovery. It emphasizes reduction in use and abuse of substances and/or continued abstinence, the negative consequences of substance abuse, development of a support network necessary to support necessary life style changes, and the continued commitment to recovery. The individual components of the services 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 to include community and social support systems in treatment,
- Crisis contingency planning,
- Self-management of symptoms, and
- Treatment support activities that have been adapted or specifically designed for persons with physical disabilities, persons with co-occurring disorders of mental illness and substance abuse/dependence or mental retardation/developmental disabilities and substance abuse/dependence.

This service must operate at least 20 hours per week and offer a minimum of 4 hours of scheduled services per day with availability of at least 5 days per week with no more than a 2 day lapse between 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. Staff must meet the requirements for CCS, LCAS and CSAC or a QP, AP or paraprofessional. Recipients must have ready access to psychiatric assessment and treatment services when warranted by the presence of symptoms indicating a co-occurring disorder. 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.

Exclusions and limitations of SACOT are:

- SACOT cannot be billed during the same authorization as SA Intensive Outpatient Program, all detoxification services levels (with the exception of Ambulatory Detoxification) or Non-Medical Community Residential Treatment or Medically Monitored Community Residential Treatment.
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

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

(xiii) Substance Abuse Non-Medical Community Residential Treatment

This is a 24 hour residential recovery program professionally supervised that works intensively with adults. It is a licensed rehabilitation facility with 16 beds or less without medical nursing/ monitoring, with a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with an addictions disorder. Programs include assessment/referral, individual and group therapy, family recovery, recovery skills training, care management, symptoms monitoring, medication monitoring and self-management of symptoms. Care management and coordination includes coordination with other providers to assure continuity of services, discharge planning, and coordination of care among providers. Services in the person centered plan will be adapted to the client's developmental and cognitive level. Staff requirements are CCS, LCAS and CSAC; or a QP, AP or paraprofessional (staff definitions are included at the end of this document). Medical necessity is defined in the body of the definition and utilization review will be required. 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, time spent performing the intervention, effectiveness of the intervention, and the signature of the staff providing the service. This service will not be billed on the same day as any other MH/DD/SAS service. Medicaid will not pay room and board; will pay only the treatment component. 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. This is a short term service that cannot be provided for more than 30 days in a 12 month period.

(xiv) Exclusions and limitations of Substance Abuse Non-Medical Community Residential Treatment are:

- This service cannot be billed the same day as any other MHSA service except CST or ACT.
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

TN No: 13-013

Supersedes

TN No: 07-003Approval Date: 09/06/17Effective Date: 07/01/2013

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

(xiv) Substance Abuse Medically Monitored Residential Treatment

This is a 24 hour non-hospital, medically monitored residential recovery program in a facility with 16 beds or less, with 24 hour medical/nursing monitoring where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and other drug problems/addictions occurs. This facility is not a detoxification facility but the focus is on treatment after detoxification has occurred. Substance Abuse Medically Monitored Residential Treatment service is provided in a non-hospital rehabilitation facility and provides assessments, monitoring of patient's progress and medication administration, treatment relating to restoration of functioning (sustained improvement in health and psychosocial functioning, reduction of psychiatric symptoms when present, and reduction in risk of relapse); and staff serve first responder for crisis intervention. Treatments related to restoration of functioning include individual counseling, group counseling, family counseling, biochemical assays, life skills training, strategies for relapse prevention, and self-management of symptoms.

It is staffed by Certified Clinical Supervisor, Licensed Clinical Addiction Specialist and Certified Substance Abuse Counselor's, QPs, APs and paraprofessionals with training and expertise with this population. 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 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. This is a short term service that cannot be provided for more than 30 days in a 12 month period.

Exclusions and limitations of Substance Abuse Medically Monitored Residential Treatment are:

- This service cannot be billed the same day as any other MHSA service except CST or ACT.
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

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

Component/ Intervention (Intensity and Frequency per child's needs)	Level I Family	Level II Family	Level II Program	Level III Program	Level IV Program	Practitioner
Rehabilitation plan development with child and family	X	X				Qualified Professionals Therapeutic Parents
			X	X	X	Licensed Professionals Qualified Professionals
Re-evaluation of the rehabilitation plan with child and family:	X	X				Qualified Professionals Therapeutic Parents
			X	X	X	Licensed Professional Qualified Professionals
Reinforcement of child's rehabilitated behavior with family for successful transition.			X	X	X	Qualified professionals
Rehabilitative behavioral interventions per child's treatment plan:						
Social skills remediation	X	X				Therapeutic Parents
			X	X	X	Qualified Professional Associate Professionals Para-professionals
Anger management restoration	X	X				Therapeutic Parents
			X	X	X	Qualified Professional Associate Professionals Para-professionals
Daily living skills restoration	X	X				Therapeutic Parents
			X	X	X	Qualified Professional Associate Professionals Para-professionals

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13. d. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)
Description of Services:

Component/ Intervention (Intensity and Frequency per child's needs)	Level I Family	Level II Family	Level II Program	Level III Program	Level IV Program	Practitioner
Communication skills remediation	X	X				Therapeutic Parents
			X	X	X	Qualified Professional Associate Professionals Para-professionals
Stress management and coping skills restoration	X	X				Therapeutic Parents
			X	X	X	Qualified Professional Associate Professionals Para-professionals
Recovery of age appropriate problem solving skills	X	X				Therapeutic Parents
			X	X	X	Qualified Professional Associate Professionals Para-professionals
Crisis de-escalation	X	X				Therapeutic Parents
			X	X	X	Licensed Professional Qualified Professionals Associate Professionals Para-professionals
Interventions to address highly disruptive and aggressive behavior				X	X	Qualified Professional Associate Professionals Para-professionals Licensed professionals may provide
Care coordination of mental health services	X	X	X	X	X	Qualified Professionals Licensed professionals may provide

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13. d. Behavioral Health Rehabilitative Services (continued)

High-Risk Intervention Services for Children:

High-Risk intervention services for children under age 21 are community based rehabilitative services for EPSDT eligible children whose disabilities place them at high risk for placement in a more restrictive setting. Two of the services, Level I and II, Family Type, are provided in a licensed therapeutic family setting and three of the services, Level II, Level III, and IV, Program Type, are delivered in a group home setting of 12 beds or less.

The services provide an increasing amount and intensity of rehabilitative interventions to meet the child's individual needs. The appropriate service for a specific child is determined through assessment of the child's:

- degree of deficits in meeting age appropriate behavioral expectations in family, school and or community setting due to mental health or substance use disorder;
- degree of verbal and physical aggression;
- degree of risk for harm to self and self-destructive behaviors;
- ability to self-manage emotions and behaviors;
- co-morbidity of mental health, substance use and developmental delays; and
- the child's mental health and treatment history; the child's ability to engage in and benefit from the rehabilitative treatment service as well as assessment of the ability of the service to provide the appropriate level of intervention.

These services:

- must be ordered by a physician, physician assistant, psychologist or nurse practitioner, practicing within the scope of their licensure under state law.
- must be prior authorized by the state's utilization review vendor or the beneficiary's Prepaid Inpatient Health Plan, as meeting medical necessity for the level of care.
- are designed for children under 21 years of age who need behavioral health treatment services that require out of home treatment due to an inability to maintain or moderate to severe difficulty in maintaining in the naturally available family, or a lower level of care.
- are provided under the authority of CFR 42 440. 130(d).
- are provided in accordance with an individualized Person Centered Rehabilitation Plan developed with the individual beneficiary and his or her family or responsible adult and staff.
- are interventions designed for the maximum reduction of disability and restoration to the best possible function level.

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13. d. Behavioral Health Rehabilitative Services (continued)

- **The State assures that**
 - The services in the Level I and Level II Family Type homes are available to all children who meet medical necessity for these services regardless of their status as a foster child or a child in the legal and physical custody of their parents.
 - These services are not provided in any home or facility that is greater than 16 beds.
 - Medicaid covers only those rehabilitative services and interventions included in individualized treatment plans which are designed to help the child regain skills and restore behavior management ability necessary for successful reintegration into the natural family or to transition into the community.
 - These rehabilitative services are provided to or directed exclusively toward the treatment of the Medicaid eligible child.
 - All qualified and willing providers may furnish the services, including any willing and qualified individual who becomes licensed to furnish services in Level I and Level II Family Type homes.
 - Children of majority age or parents or responsible adults on behalf of their children, have free choice of Child Placing Agencies, and Level I and Level II Family Type homes.
 - These services are rehabilitative in nature with interventions designed to lead to the goals of maximum reduction of behavioral and mental disability and restoration to the best possible functional level.
 - These rehabilitative services include the development of the rehabilitation plan with the beneficiary and his or her family, licensed professional and other staff working directly with the beneficiary. Rehabilitative interventions are prescribed in the individualized person centered plan with intensity and frequency in accordance with the specific identified deficits and needs of the individual. Also, included in these services is re-evaluation of the rehabilitation plan to determine if measurable goals and objectives as set forth in the plan for reduction of the mental and behavioral disability and restoration of functional abilities are being met.
 - Medicaid reimbursement for this service does not cover room and board expenses;
 - educational, vocational and job training services;
 - habilitation services;
 - custodial services such as provision of therapeutic supervision or a therapeutic milieu;
 - services to inmates in public institutions as defined in 42 CFR §435.1010;
 - services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
 - recreational and social activities;
 - services that must be covered elsewhere in the state Medicaid plan; and
 - Child Welfare Services.

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13. d. Behavioral Health Rehabilitative Services (continued)

- **The State assures that**
 - The services in the Level I and Level II Family Type homes are available to all children who meet medical necessity for these services regardless of their status as a foster child or a child in the legal and physical custody of their parents.
 - These services are not provided in any home or facility that is greater than 16 beds.
 - Medicaid covers only those rehabilitative services and interventions included in individualized treatment plans which are designed to help the child regain skills and restore behavior management ability necessary for successful reintegration into the natural family or to transition into the community.
 - These rehabilitative services are provided to or directed exclusively toward the treatment of the Medicaid eligible child.
 - All qualified and willing providers may furnish the services, including any willing and qualified individual who becomes licensed to furnish services in Level I and Level II Family Type homes.
 - Children of majority age or parents or responsible adults on behalf of their children, have free choice of Child Placing Agencies, and Level I and Level II Family Type homes.
 - These services are rehabilitative in nature with interventions designed to lead to the goals of maximum reduction of behavioral and mental disability and restoration to the best possible functional level.
 - These rehabilitative services include the development of the rehabilitation plan with the beneficiary and his or her family, licensed professional and other staff working directly with the beneficiary. Rehabilitative interventions are prescribed in the individualized person centered plan with intensity and frequency in accordance with the specific identified deficits and needs of the individual. Also, included in these services is re-evaluation of the rehabilitation plan to determine if measurable goals and objectives as set forth in the plan for reduction of the mental and behavioral disability and restoration of functional abilities are being met.
 - Medicaid reimbursement for this service does not cover room and board expenses;
 - educational, vocational and job training services;
 - habilitation services;
 - custodial services such as provision of therapeutic supervision or a therapeutic milieu;
 - services to inmates in public institutions as defined in 42 CFR §435.1010;
 - services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
 - recreational and social activities;
 - services that must be covered elsewhere in the state Medicaid plan; and
 - Child Welfare Services.

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13. d. Behavioral Health Rehabilitative Services (continued)

Service Limitation

A child may receive on only one unit of a Level I or II, Family Type or Level II or III or IV, Program Type service each day.

Provider and Practitioner Qualifications

Medicaid providers must comply with the following requirements to be eligible to bill for service:

Providers must meet all staffing and programmatic requirements of this service including provisions in clinical policies, Implementation Updates and Medicaid Bulletins.

Level I and Level II, Family Type must be provided by a Child Placing Agency licensed by the Division of Social Service under North Carolina General Statutes (131-D) and 10A NCAC 70F and 70G. Provider Agencies must ensure that Level I and Level II Family Type settings are licensed as Therapeutic Foster Homes under NC GS 131-D and 10A NCAC 70E and that therapeutic parents are specially trained, qualified and supervised to provide rehabilitative treatment interventions for children with mental health and substance use disorders.

Child Placing Agencies licensed after September 1, 2011 shall have a three year or longer accreditation by the Council on Accreditation, the Joint Commission, The Commission on Accreditation of Rehabilitation Facilities, or the Council on Quality and Leadership.

- Each Level I and Level II Family Type setting shall serve no more than two children receiving Level I or Level II, with exceptions made for sibling groups and have no more than two (2) children belonging to the treatment parents living in the home for a total not to exceed four (4).

Level II –IV, Program Type must be licensed in accordance with provisions in 10A NCAC 27G.by the Division of Health Service Regulation as a Mental Health Facility, under the Authority G.S. 122C-26.

- Each group home shall serve no more than 12 children and adolescents.
- Providers must be accredited by a national accrediting agency approved by the State by October 12, 2010 or within one year of enrollment in Medicaid.

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13. d. Behavioral Health Rehabilitative Services (continued)

Service Limitation

A child may receive on only one unit of a Level I or II, Family Type or Level II or III or IV, Program Type service each day.

Provider and Practitioner Qualifications

Medicaid providers must comply with the following requirements to be eligible to bill for service:

Providers must meet all staffing and programmatic requirements of this service including provisions in clinical policies, Implementation Updates and Medicaid Bulletins.

Level I and Level II, Family Type must be provided by a Child Placing Agency licensed by the Division of Social Service under North Carolina General Statutes (131-D) and 10A NCAC 70F and 70G. Provider Agencies must ensure that Level I and Level II Family Type settings are licensed as Therapeutic Foster Homes under NC GS 131-D and 10A NCAC 70E and that therapeutic parents are specially trained, qualified and supervised to provide rehabilitative treatment interventions for children with mental health and substance use disorders.

Child Placing Agencies licensed after September 1, 2011 shall have a three year or longer accreditation by the Council on Accreditation, the Joint Commission, The Commission on Accreditation of Rehabilitation Facilities, or the Council on Quality and Leadership.

- Each Level I and Level II Family Type setting shall serve no more than two children receiving Level I or Level II, with exceptions made for sibling groups and have no more than two (2) children belonging to the treatment parents living in the home for a total not to exceed four (4).

Level II –IV, Program Type must be licensed in accordance with provisions in 10A NCAC 27G.by the Division of Health Service Regulation as a Mental Health Facility, under the Authority G.S. 122C-26.

- Each group home shall serve no more than 12 children and adolescents.
- Providers must be accredited by a national accrediting agency approved by the State by October 12, 2010 or within one year of enrollment in Medicaid.

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13. d. Behavioral Health Rehabilitative Services (continued)

- When a child or adolescent requires sex offender treatment, as specified in the treatment plan, special training of the caregiver is required in all aspects of sex offender specific treatment.
- During treatment, parent and legal guardian must participate in rehabilitation plan development and implementation and the beneficiaries must be provided opportunity for inclusion in community activities.
- Record maintenance is the responsibility of the provider and must be in compliance with all state and federal documentation and record retention requirements.

Practitioner Qualifications:

Licensed Professional:

The Licensed Professional is a Professional (LP) holding a valid license issued by the governing board regulating the human service profession in the State of North Carolina. A Licensed Professional includes the following:

- Licensed Clinical Addiction Specialist (LCAS);
- Licensed Clinical Social Worker; (LCSW);
- Licensed Marriage and Family Therapist; (LMFT);
- Licensed Professional Counselor (LPC);
- Psychiatrist;
- Psychologist;
- Psychiatric Nurse Practitioner or;
- Psychiatric Clinical Nurse Specialist.

The Licensed Professional provides supervision of the Qualified Professionals and others as directed by the agency.

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13. d. Behavioral Health Rehabilitative Services (continued)

Qualified Professional (QP) is a:

- (a) a graduate of a college or university with a Master's degree in a human service field and has one year of full-time, post-graduate degree accumulated experience with the population served, or a substance abuse professional who has one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling; or
- (b) a graduate of a college or university with a bachelor's degree in a human service field and has two years of full-time, post-bachelor's degree accumulated experience with the population served, or a substance abuse professional who has two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or
- (c) a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated MH/DD/SAS experience with the population served, or a substance abuse professional who has four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling.

Degrees in a human service field include but are not limited to, the following degrees: psychology, social work, mental health counseling, rehabilitation counseling, addictions, psychiatric nursing, special education and therapeutic recreation.

Associate Professional (AP) within the mental health, developmental disabilities and substance abuse services system of care means an individual who is a:

- (a) graduate of a college or university with a Master's degree in a human service field with less than one year of full-time, post-graduate degree accumulated MH/DD/SAS experience with the population served, or a substance abuse professional with less than one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug use counseling. Supervision shall be provided by a qualified professional with the population served until the individual meets one year of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually; or
- (b) graduate of a college or university with a bachelor's degree in a human service field with less than two years of full-time, post-bachelor's degree accumulated experience with the population served, or a substance abuse professional with less than two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug use counseling. Supervision shall be provided by a qualified professional with the population served until the individual meets two years of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually; or

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13. d. Behavioral Health Rehabilitative Services (continued)

- (c) graduate of a college or university with a bachelor's degree in a field other than human services with less than four years of full-time, post-bachelor's degree accumulated experience with the population served, or a substance use professional with less than four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug use counseling. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually; or
- (d) Registered Nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing with less than four years of full-time accumulated experience in MH/DD/SAS with the population served. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually.

Paraprofessional (PP) is an individual who, at a minimally 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). Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. Supervision shall be provided by a qualified professional or associate professional with experience working with the population served. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually. Employee training programs shall be provided and at a minimum, shall consist of the following:

- (1) general organizational orientation
- (2) training on client rights and confidentiality
- (3) training to meet the specific treatment needs of the beneficiaries as specified in the treatment plan;
and
- (4) training in infectious diseases and blood borne pathogens.

Therapeutic Parents are specially trained individuals, at least 21 years of age, who demonstrate the ability to provide rehabilitative treatment interventions in a family setting for children and adolescents with diagnosed mental health, substance use and behavioral disorders; and meet all criteria for licensure under NC GS 131-D and 10A NCAC 70E as therapeutic foster parents. The licensure requirements and training for therapeutic foster care parents is in addition to the training received by Family Foster Care parents.

- (1) Therapeutic parents receive at least 60 minutes of supervision, including support and technical assistance in carrying out the rehabilitative treatment plan, by a Qualified Professional on a weekly basis for each child receiving Level I or II, Family Type service.

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13. d. Behavioral Health Rehabilitative Services (continued)

- (2) Therapeutic Parents are required to receive training in addition to that required of licensed family foster parents. If a child presents with a substance use diagnosis, training and supervision of therapeutic parents are required in all aspects of substance abuse and shall be made available by a provider who meets the requirements specified for a Licensed or Qualified Professional or Associate Professional for substance use.
- (3) Therapeutic parents must receive prior to licensure at least ten additional hours of pre-service training in behavioral mental health treatment services including the following:
 - (a) role of the therapeutic parent;
 - (b) safety planning; and
 - (c) managing behaviors.

Medicaid does not pay for foster parent training required to obtain a licensure as a family foster home or a therapeutic foster home.

- (4) During the first year of licensure, each therapeutic parent shall receive additional training in the following areas:
 - (a) development of the rehabilitation person-centered plan;
 - (b) dynamics of emotionally disturbed and substance abusing youth and families;
 - (c) symptoms of substance use disorders;
 - (d) needs of emotionally disturbed and substance abusing youth and families; and
 - (e) crisis intervention.

When the child or adolescent requires rehabilitative interventions as a result of sexual abuse, or for reactive, sexually reactive and sexual offender behaviors, specific rehabilitative interventions shall be identified in his/her person-centered plan. Training of Therapeutic Parents is required in all aspects of reactive and offender specific sexual treatment and shall be supervised by a Licensed Professional with sex offender-specific treatment expertise. When the child or adolescent requires rehabilitative interventions to recover from-for substance abusive behaviors, specific interventions shall be identified in his/her person-centered plan.

Staff Supervision In Levels II –IV, Program Type

Medically necessary rehabilitative services delivered by Associate and Paraprofessionals are delivered under the supervision and direction of a Licensed Professional or Qualified Professional. These qualified professionals work with beneficiaries and their family to develop the person centered individualized rehabilitation plan and meets with beneficiaries periodically during the course of treatment to monitor the services being delivered and to review the need for continued services.

The supervising Licensed Professional assumes professional responsibility for the services provided by the associate and paraprofessionals and spends as much time as necessary directly supervising services to ensure that recipients are receiving services in a safe and efficient manner in accordance with accepted standards of practice. The agency providing service ensures that the Qualified Professional is adequately supervising the associate and Paraprofessionals. The agencies ensure that supervisory ratios are reasonable and ethical and provide adequate opportunity for the non-licensed qualified professional to effectively supervise the Associate and Paraprofessional staff assigned. Documentation is kept to support the supervision provided to Associate and Paraprofessional staff in the delivery of medically necessary services.

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13. d. Behavioral Health Rehabilitative Services (continued)

Rehabilitative Components and Interventions of High Risk Intervention Services:

Below is a definition for rehabilitative service component and interventions delivered within these services for children. Following the descriptions of all the services, is a chart that displays which components are available under each service and includes the Practitioner(s) who delivers the intervention. The intensity and frequency of interventions available and provided in each service determines which service is most appropriate to meet the child's needs.

Rehabilitation Plan Development:

Plan development occurs when a Licensed or Qualified Professional meets with child and family or other responsible adult to develop a plan of interventions for reducing problems and functional deficits that are interfering with the child's personal, family and community adaptations and restore the child to the best possible level of functioning. The plan is designed to achieve specific and measurable targets and timelines and is based on the child's needs as identified in a comprehensive assessment. The plan is designed to maximize a child and family's strengths and increase the child's resiliency while reducing disabilities related to mental illness and emotional disturbance towards the goal of a successful discharge from the rehabilitative treatment setting.

Involvement of family is integral to this process and means inclusion of the family members or other legally responsible person in identification of the deficits to be addressed, the development of the rehabilitation plan and interventions and in the discharge planning process in order to assure a smooth transition to home or a less restrictive setting.

Practitioners for this service are listed in Table on page 15a.18b and their respective qualifications are included on Pages 15a.21 and 15a.22.

Reevaluation of the Rehabilitation Plan:

Reevaluation of the Rehabilitation plan occurs when staff meet with the child, family or responsible adult with input from therapeutic parents, para-professionals, and associate professionals, to assess the effectiveness of the rehabilitative interventions, progress made toward reducing targeted deficits in functioning and any need for revision of the interventions, targets and goals.

Practitioners for this service are listed in Table on page 15a.18b and their respective qualifications are included on Pages 15a.21 and 15a.22.

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13. d. Behavioral Health Rehabilitative Services (continued)

Reinforcement of child's rehabilitated behavior with the family for successful transition. Qualified Professionals meet with parents before and after off site visits with the family to inform them about, and improve the parent's ability to reinforce, the child's specific rehabilitated behaviors and skills for successful transfer of these rehabilitated skills to the family and home environment. It is solely for the benefit of the child and successful accomplishment of his rehabilitative goals.

Practitioners for this service are listed in Table on page 15a.18b and their respective qualifications are included on Pages 15a.22.

Rehabilitative Behavioral Interventions:

These interventions are designed to modify behavior to restore functional abilities in the functional areas listed below, to a level commensurate with the child's chronological age and optimum functional level. The frequency and intensity of intervention are based as on the child's individual needs as reflected in the rehabilitation plan.

Rehabilitative Behavioral Interventions include:

- implementation of behavior modification plans that reward improved behavior and provide consequences for maladaptive behaviors; staff coaching and redirecting during interactions and giving reminders of alternative behaviors;
- modeling effective self-expression while communicating with peers, staff or family;
- providing on spot positive reinforcement for improved age appropriate behavior,
- providing logical consequences for dysfunctional behavior such as loss of privileges and
- providing an increasing level of privilege for age appropriate behavior.

Social skills remediation to address deficits and re-establish pro social peer relationships and appropriate response to authority in line with normative expectations for the child's age group.

Practitioners for this service are listed in Table on page 15a.18b and their respective qualifications are included on Pages 15a.22 and 15a.23.

Anger management restoration to decrease occurrences of maladaptive, aggressive or self-destructive behaviors and to increase resiliency and the ability to self-regulate behavior and demonstrate self-control when experiencing anger.

Practitioners for this service are listed in Table on page 15a.18b and their respective qualifications are included on Pages 15a.22 and 15a.23.

Daily living skills restoration to re-establish basic functional abilities lost or delayed due to presence of a mental illness or emotional disturbance, to an age appropriate level.

Practitioners for this service are listed in Table on page 15a.18b and their respective qualifications are included on Pages 15a.22.

Communication skills remediation to correct deficits in self-expression, restore ability to verbalize needs and feelings, and engage in age appropriate verbal interactions with peers and adults and remediate dysfunction through use of effective interpersonal interactions.

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13. d. Behavioral Health Rehabilitative Services (continued)

Practitioners for this service are listed in Table on page 15a.18c and their respective qualifications are included on Pages 15a.22 and 15a.23.

Stress management and coping skills restoration to reduce dysfunctional reactions to stress and strengthen resiliency in coping with external and internal stress to an age appropriate functional level.

Practitioners for this service are listed in Table on page 15a.18c and their respective qualifications are included on Pages 15a.22 and 15a.23.

Recovery of Problem solving skills to ameliorate deficits in ineffectual approaches to solving problems and dealing with frustration due to symptoms of mental illness or emotional disturbance and replace with effective strategies suitable to the child's age group's normed expectations.

Practitioners for this service are listed in Table on page 15a.18b and their respective qualifications are included on Pages 15a.22 and 15a.23.

Crisis de-escalation and management Provision of intensive pre-planned crisis management interventions per a child's rehabilitation plan to ensure safety and de-escalation of any occurrences of out of control behavior.

Practitioners for this service are listed in Table on page 15a.18b and their respective qualifications are included on Pages 15a.21, 15a.22 and 15a.23.

Rehabilitative Interventions to Address Highly Aggressive and Disruptive Behaviors:

These interventions focuses on intense use of redirection, token/level systems, contracts, structured behavior modification plan with rewards and consequences and de-escalation techniques, to provide safety while assisting the beneficiary in re-gaining control over dangerous and threatening behaviors, and restoring the ability to self-regulate and control emotions rather than acting out in anger and frustration.

Practitioners for this service are listed in Table on page 15a.18c and their respective qualifications are included on Pages 15a.21, 15a.22 and 15a.23.

Care coordination to coordinate rehab treatment plan with school, the child's IEP and any other mental health treatment the child receives coordination of treatment planning and implementation across the service.

Practitioners for this service are listed in Table on page 15a.18c and their respective qualifications are included on Pages 15a.21 and 15a.22.

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13. d. Behavioral Health Rehabilitative Services (continued)

Level I, Family Type Service:

Description:

Level I Family Type service provides a low level of intensity and frequency of rehabilitative interventions in a family setting designed for children with behavioral mental health or substance abuse problems who cannot be managed in their own home or in a regular foster home, but who do not require a higher level placement. Not more than four children including not more than 2 children receiving services may live in a Level I, Family Type Service.

When psychiatric evaluation, individual therapy, medication management or other outpatient therapies or other Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services are medically necessary, these services are provided to the children outside the service by licensed practitioners in the community and other providers who meet the state's relevant licensure and professional qualifications.

Staffing requirements

Therapeutic parents
Qualified Professional

Services

The service components provided in Level I are rehabilitative interventions delivered by therapeutic parents, under the weekly supervision of a Qualified Professional and in accordance with an individualized rehabilitation treatment plan.

See the chart on Attachment 3.1-A.1 Pages 15a.18b and 15a.18c for the rehabilitative service components and interventions provided under this service and the practitioners who deliver them. Rehabilitative service components and interventions are defined in Attachment 3.1-A.1, Pages 15a.25 -15a.27 Practitioner qualifications are defined in Attachment 3.1-A.1, Pages 15a.21 – 15a.24.

For Level I Family Type these interventions are provided at a low level of intensity and frequency as needed to address the degree of functional deficits presented for a child approved for this service, and to assist the child in restoring functioning to the best possible level.

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13. d. Behavioral Health Rehabilitative Services (continued)

Level II, Family Type Service

Description

Level II Family Type Service provides rehabilitative interventions at a moderate level of intensity and frequency in a family setting. The children or adolescents meeting this level of care are assessed as having significant behavioral, functional and risk factors due to behaviors and symptoms of their diagnosis (es). There is a need for a higher level of, and more frequent, rehabilitative interventions required for the child to restore improved functioning and attain goals as included in the individualized rehabilitation plan. Not more than four children including not more than (two) 2 children receiving this service may live in a Level II, Family Type Service.

When psychiatric evaluation, individual therapy, medication management or other Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services are medically necessary, these services are provided to the children outside the service by licensed practitioners in the community and other providers who meet the state's relevant qualifications.

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Staffing Requirements:

Therapeutic Parents
Qualified Professionals

Services Provided:

Level II, Family Type-Services are delivered by therapeutic parents in accordance with an individualized rehabilitative treatment plan and under the supervision of a Qualified Professional.

See the chart on Attachment 3.1-A.1, Pages 15a.18b and 15a.18c for the rehabilitative service components and interventions provided under this service and the practitioners who deliver them. Rehabilitative service components and interventions are defined in Attachment 3.1-A.1, Pages 15a.25 -15a.27. Practitioner qualifications are defined in Attachment 3.1-A.1, Pages 15a.21 – 15a.24.

For Level II Family Type these interventions are provided at a moderate level of intensity and frequency as needed to address the degree of functional deficits presented for a child approved for this service, and to assist the child in restoring functioning to the best possible level.

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13. d. Behavioral Health Rehabilitative Services (continued)

Level II Program Type Service:

Description

Level II Program Type service is provided in a program setting that does not exceed 12 beds, with qualified staff who provide rehabilitative interventions at a moderate level of intensity or children and adolescents who require admission into a group residential treatment setting, rather than a family setting, due to deficits in functioning related to a mental health disorder, emotional disturbance or substance use disorder. There is a higher level of and more frequent, provision of rehabilitative interventions for moderately disruptive behaviors and identified functional deficits to assist the child in functioning or working toward functioning at an age appropriate level and attaining goals as included in the individualized rehabilitative plan.

When psychiatric evaluation, medication management, other outpatient therapy or other Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services are medically necessary these services are provided to the children by licensed practitioners in the community and other providers who meet the state's relevant qualifications and are not covered under this service.

Staffing requirements:

1. Each facility shall have a Program Director to oversee the clinical and administrative operations of the service. This clinical and administrative oversight is not reimbursable as a rehabilitative service.
2. A Qualified Professional or Licensed Professional who provides clinical consultation consisting of guidance and technical assistance to the staff and families.
3. Associate Professionals.
4. Paraprofessionals.

Services provided:

See the chart on Attachment 3.1-A.1, Pages 15a.18b and 15a.18c for the rehabilitative service components and interventions provided under this service and the practitioners who deliver them. Rehabilitative service components and interventions are defined in Attachment 3.1-A.1, Pages 15a.25 -15a.27. Practitioner qualifications are defined in Attachment 3.1-A.1, Pages 15a.21 – 15a.24.

For Level II Program Type these interventions are provided at a moderate level of intensity and frequency as needed to address the degree of functional deficits presented for a child approved for this level of care, and to assist the child in restoring functioning to the best possible level.

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13. d. Behavioral Health Rehabilitative Services (continued)

Level III - Program Type Service:

Description

Level III Program Type is a service that provides rehabilitative interventions at a high level of intensity and frequency in a program setting only that does not exceed 12 beds. Rehabilitative interventions are provided with intense frequency as necessary to contain-frequent and highly inappropriate behavior. Level III offers specific interventions to address complex mental health, behavioral disorders and substance abuse needs in an unlocked service setting. Interventions focus on replacing grossly inappropriate behaviors with intense efforts directed towards restoring-skills to improve functioning and bring behavior in line with expectations for an individual of the same age.

TN No. 13-010
Supersedes
TN No. NEW

Approval Date: 09/06/17

Eff. Date: 07/01/2013

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Length of stay is anticipated to be up to 180 days. For Level III Type Service, additional days may be authorized based on an independent psychiatric assessment that supports medical necessity for continued treatment, Child and Family Team review of goals and treatment progress, and family or discharge placement setting's active engagement in progressing toward treatment goals and objectives.

When psychiatric evaluation, individual therapy, medication management or outpatient therapy or other Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services are medically necessary, these services may be provided to the children by licensed practitioners and other providers who meet the state's relevant qualifications and are not covered under this service.

Staffing Requirements for Level III Program Type

1. Licensed Professional for at least four hours a week who provides clinical oversight and clinical consultation to Qualified, Associate and Para Professionals in carrying out individualized treatment plans and may provide direct interventions to a child and family and during crisis management; may provide individual group or family therapy which would be billed separately and is not reimbursed under this service.
2. A Qualified Professional(s) who perform supervision and administrative functions as well as serves as a provider of rehabilitative interventions.
3. Associate Professionals who supervise paraprofessional staff and oversee day to day operations and serves as provider of rehabilitative interventions.
4. Paraprofessionals to implement and carry out interventions as included on the Rehabilitation Plan.

Services Provided

See the chart on page Attachment 3.1-A.1, Pages 15a.18b and 15a.18c for the rehabilitative service components and interventions provided under this service and the practitioners who deliver them. Rehabilitative service components and interventions are defined in Attachment 3.1-A.1, Pages 15a25 – 15a.27. Practitioner qualifications are defined in Attachment 3.1-A.1, Pages 15a21 – 15a24.

For Level III Program Type these interventions are provided at a high level of intensity and frequency as needed to address the degree of functional deficits presented and to assist the child in restoring functioning to the best possible level.

Children/adolescents will attend public school.

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13. d. Behavioral Health Rehabilitative Services (continued)

Level IV Program Type Service:

Description:

Level IV Program Type is a rehabilitative service that provides the highest intensity of interventions in a physically secure, locked group home setting. This service is designed to have the ability to manage intensive levels of aggressiveness and is focused on helping beneficiaries acquire behavioral management skills. Staff is present and available at all times.

Length of stay is anticipated to be up to 180 days. For Level IV Type Service, additional days may be approved based on an independent psychiatric assessment that supports medical necessity for continued treatment, Child and Family Team review of goals and treatment progress, and family or discharge placement setting's active engagement in progressing toward treatment goals and objectives.

When psychiatric evaluation, medication management or outpatient therapy or Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services are medically necessary, these services are provided to the children in Level IV Program Type Service by licensed practitioners in the setting or community and other providers who meet the state's relevant qualifications.

Staffing Requirements:

- **Licensed Professional.** Each group home facility must have at least one full-time licensed professional on staff. For substance use disorders, this must include a Licensed Clinical Addiction Specialist or a Certified Clinical Supervisor. This staff provides clinical oversight of Qualified, Associate and Para professional staff and of clinical emergencies; provides ongoing clinical assessment of the child and the effectiveness of treatment, participates in treatment planning and coordination of treatment for children and adolescents; assuring discharge planning from the day of admission to facilitate an effective and successful discharge.
- **Qualified Professional:** The Qualified Professional participates in treatment and discharge planning, provides care management functions, and performs other duties including supervision of carrying out treatment interventions and management of day to day operations of the group home; supervision of associate's and paraprofessionals regarding implementation of the treatment plans.
- **Associate Professionals:** Associate Professional supervise paraprofessional staff and oversee day to day operations and serves as provider of rehabilitative interventions.
- **Paraprofessionals:** Paraprofessionals implement and carry out interventions as included on the Rehabilitation Plan.

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13. d. Behavioral Health Rehabilitative Services (continued)

Services provided:

See the chart on Attachment 3.1-A.1, Pages 15a.18b and 15a.18c for the rehabilitative service components and interventions provided under this service and the practitioners who deliver them. Rehabilitative service components and interventions are defined in Attachment 3.1-A.1, Pages 15a.25-15a.27. Practitioner qualifications are defined in Attachment 3.1-A.1, Pages 15a.21 – 15a.24.

For Level IV Program Type these interventions are provided at the highest level of intensity and frequency as needed to address the degree of most severe functional deficits presented and to assist the child in restoring functioning to the best possible level.

Educational services are provided in the facility and must meet all requirements of a qualified nonpublic school under Article 39 of NCGS Chapter 115C, including any teacher qualifications therein. Services are arranged and designed to maintain the educational and intellectual development of the child or adolescent. Treatment staff will coordinate with teachers and the local educational agency to ensure that the child or adolescent's needs are met as identified in the education plan.

Psychiatric evaluation for beneficiaries in Level IV Program type shall be available as needed for each child or adolescent, and provided by a community based psychiatrist.