



## 2024-2025 State-Funded Acute Behavioral Health Services Benefit Plan

| <i>Service Code(s):</i> | <i>Services Included (Sorted by Alphabetical Order):</i>  |
|-------------------------|---|
| T2016U5, T2016U8        | <a href="#"><u>Behavioral Health Urgent Care</u></a>  |
| 100                     | <a href="#"><u>Inpatient Behavioral Health Services: Inpatient Hospital Psychiatric Treatment (MH) Public-Private Partnership (PPP)</u></a> |
| 100                     | <a href="#"><u>Inpatient Behavioral Health Services: Inpatient Hospital Psychiatric Treatment (MH), Including Three-Way Contracts</u></a>   |
| 100                     | <a href="#"><u>Inpatient Behavioral Health Services: Medically Managed Intensive Inpatient Service</u></a>                                  |
| 100                     | <a href="#"><u>Inpatient Behavioral Health Services: Medically Managed Intensive Inpatient Withdrawal Management Service</u></a>            |
| H2011                   | <a href="#"><u>Mobile Crisis Management</u></a>   |
| S9484                   | <a href="#"><u>Professional Treatment Services in Facility-Based Crisis Program</u></a>   |

Codes / modifier combinations not mentioned for specialized services will be found within contracts.

For State-Funded services (unless otherwise noted): Child services are available from age 3 through age 18. Adult services are available from age 18 and older.



### Person-Centered Plan Requirements & Guidance

Providers can use the PCP template or develop their own template, but the PCP *must* contain all the required elements: 1) Assessment of life domains; 2) Person-Centered Interview Questions; 3) An action plan; 4) An enhanced crisis intervention plan, and; 5) A signature page. The PCP should be based on a comprehensive assessment that examines the individual's symptoms, behaviors, needs and preferences across the life domains listed below. Additional info can be found on the [NCDHHS Person-Centered Planning Training](#) webpage (PCP Guide). See the [JCB #445 Timelines for Implementation](#) for the implementation requirements for the new PCP guidance and templates.

#### Life Domains (PCP Guide)

Each life domain should provide a written picture of what is currently happening, what the individual's vision for a preferred life is for that area, and what the provider is doing to support the individual to move closer to living their preferred life.

- *Daily Life and Employment Domain:* What a person does as part of everyday life.
- *Community Living Domain:* Where and how someone lives.
- *Safety and Security Domain:* Staying safe and secure (finances, emergencies, relationships, neighborhood, legal rights, etc.).
- *Healthy Living Domain:* Managing and accessing health care and staying well.
- *Social and Spirituality Domain:* Building/strengthening friendships and relationships, cultural beliefs, and faith community.
- *Citizenship and Advocacy Domain:* Building valued roles, understanding personal rights, making choices, sexual orientation, self-identification, setting goals, assuming responsibility and driving how one's own life is lived.

#### Person-Centered Interview Questions (PCP Guide)

These identify what the person wants to work on, what they would like to accomplish, their identified strengths, and any identified obstacles preventing them from reaching their goals.

#### Action Plan (PCP Guide)

The Action Plan section of the PCP includes the individual's long-term goal, short-term goals, and interventions or the action steps to be taken to achieve these goals. For each desired long-term goal, the Action Plan will include short-term goal(s) as well as interventions.

- *Long-Term Goal Development:* what motivates the person to engage in services and make changes. These are personal to that individual, often reflect one or more Life Domains, and typically take time to achieve. Ideally, long-term goals are oriented toward quality-of-life priorities and not only the management of health conditions and symptoms.
- *Short-Term Goals:* help the person move closer to achieving their long-term goals. They reflect concrete changes in functioning/skills/activities that are meaningful to the person and are proof they are making progress. Short-term goals build on strengths while also addressing identified needs from the assessment that interfere with the attainment of the valued, long-term life goal(s). Short-term goals are written in SMART (Specific/Straightforward/Simple, Measurable, Achievable, Relevant, and Time-Limited) language.
- *Interventions:* reflect how all team individuals contribute to helping the person achieve their short-term goals. Interventions are the specific tasks the provider and individual agree on. The language of interventions should include: WHO is offering the intervention/support, WHAT

specifically will be provided or done (e.g., title of service or action), WHEN it is being offered – frequency and duration (e.g., once a month for 3 months), and WHY it is needed (i.e., how the intervention relates to the individual’s specific goal).

### Enhanced Crisis Intervention Plan (PCP Guide)

A crisis plan includes supports/interventions aimed at preventing a crisis and the supports/interventions to employ if there is a crisis. It must include:

- Significant event(s) that may create increased stress and trigger the onset of a crisis.
- Early warning signs which indicate a possible upcoming crisis.
- Crisis prevention and early intervention strategies
- Strategies for crisis response and stabilization
- Specific recommendations for interacting with the person receiving a crisis service.
- Diagnosis and insurance information,
- Name and contact information for medical and mental health provider
- List of medications including doses and frequency, allergies, and other medical and dental concerns.
- Living situation and planning for any pets and people, etc. in case of a crisis if applicable.
- Employment/ Educational status and plan for notification if applicable
- Preferred method of communication and language.
- Names and contact information of formal and informal support persons
- Suicide prevention and intervention plan, behavior plan, youth in transition plan and Psychiatric Advance Directive (PAD), if applicable.
- Crisis follow-up planning to include: 1) The primary contact who will coordinate care if the individual requires inpatient or other specialized care; 2) Name of the person who will visit the individual while hospitalized, and; 3) Provider responsible to lead a review/debriefing following a crisis and the timeframe.

### Signature Page (PCP Guide)

Signatures are authenticated when the individual signing enters the date next to their signature. Check boxes left blank on the signature pages of the PCP will be returned as incomplete. A signature page must include:

- Person Receiving Services - Dated signature is required when the person is his/her own legally responsible person. A provider may not bill Medicaid for services until this signature is acquired if the individual is his or her own legally responsible person.
- Legally Responsible Person - Dated signature when the person receiving services is not his/her own LRP. A provider may not bill Medicaid for services until this signature is acquired, when applicable.
- Person Responsible for the Plan - Dated signature is required. Inclusion of the required information on the signature page of the PCP template by the Person Responsible for the Plan is also required for individuals under the age of 21 (Medicaid) or under age 18 (State) who are receiving enhanced services and are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the Criminal Court System.

- Service Order/Confirmation of Medical Necessity - Dated signature is required, plus confirmation of medical necessity, indication of whether review of the comprehensive clinical assessment occurred, and indication if the LP signing the service order had direct contact with the individual.

#### **Guidance Around Signature Requirements**

- All required signatures with dates must be completed.
- Signatures for child mental health services must be completed in the correct location on the form.
- Handwritten signatures require handwritten dates.
- Electronic signatures must have a date stamp, but a time stamp not required. Documents that contain an electronic signature may be in Word or PDF form.

#### **Inpatient Behavioral Health Services**

Inpatient Behavioral Health Services provide hospital treatment in a hospital setting 24 hours a day. Supportive nursing and medical care are provided under the supervision of a psychiatrist or a physician. This service is designed to provide continuous treatment for individuals with acute psychiatric or substance use problems.

For members with substance use disorder, Inpatient Behavioral Health Services cover:

- Medically Managed Intensive Inpatient Services- Adolescent
- Medically Managed Intensive Inpatient Services- Adult
- Medically Managed Intensive Withdrawal Management Services- Adult

For members with mental health disorders, Inpatient Behavioral Health Services cover:

- Inpatient Psychiatric Hospitalization- Child and Adolescent
- Inpatient Psychiatric Hospitalization- Adult

#### Definitions and Abbreviations

- ACT: Assertive Community Treatment
- American Society of Addiction Medicine Criteria: a treatment criterion for addictive, substance-related, and co-occurring condition
- CADT: Child and Adolescent Day Treatment
- CST: Community Support Team
- DRG: Diagnosis-Related Group
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT): a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid member under 21 years of age if the service is medically necessary health care to correct

or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

- IIH: Intensive In-Home Services
- IMD: Institute of Mental Disease
- Medication Assisted Treatment (MAT): the use of medications, in combination with counseling and behavioral therapist, to provide a “whole patient’ approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration, and MAT programs are clinically driven and tailored to meet each member’s needs.
- MST: Multisystemic therapy
- SACOT: Substance Abuse Comprehensive Outpatient
- SAIOP: Substance Abuse Intensive Outpatient
- Tx: Treatment

| Service & Code   | Brief Service Description   | Auth Submission Requirements   | Authorization Parameters  | Source   |
|--|---|--|---|--|
| <p><b>Behavioral Health Urgent Care (BHUC)</b></p> <p><u>Code(s):</u></p> <p><b>T2016-U5:</b> without Observation</p> <p><b>T2016-U8:</b> with Observation</p> | <p>BHUC offers a safe alternative and diversion from the use of hospital EDs to address the needs of individuals experiencing BH crises. Service is a designated service for individuals experiencing a BH crisis related to a SU disorder, MH disorder, and/or I/DD dx or any combo of the above. A BHUC is designed to provide triage, crisis risk assessment, evaluation and intervention to individuals whose crisis response needs are deemed to be urgent or emergent. Individuals receiving this service will be evaluated, then stabilized and/or referred to the most appropriate level of care.</p> | <p><b><u>Initial &amp; Concurrent Requests:</u></b> No prior approval is required.</p> <p><b><u>Service Specifics:</u></b></p> <ol style="list-style-type: none"> <li>BHUC services are either Tier III or Tier IV. Tier III BHUC operates at least 12 hours per day 7 days a week, 365 days a year w/ at least 6 hours occurring after 4:00 PM each day. A Tier IV BHUC is open 24 hours a day, 7 days a week, 365 days a year.</li> <li>Only members meeting criteria for urgent or emergent are eligible for this BHUC service. If an individual is screened and the need is determined to be routine, they will be referred to a community-based service provider for follow up.</li> <li>Triage must be initiated within 15 minutes of arrival.</li> <li>The Crisis/Risk Assessment must be initiated within 2 hours of arrival at the BHUC.</li> <li>If the individual is at a Tier IV BHUC and it is determined that there is a need for admission to a community hospital or an FBC and there is no immediate bed available (within 2 hours) the individual will be placed into Observation status. A voluntary individual is able to stay in Observation for a maximum length of stay of 23 hours and 59 minutes (23:59). Individuals that meet medical necessity for IVC can be held in observation beyond 23 hours and 59 minutes. During this time the individual is continuously being assessed for the need of continued stay or determination that the crisis has been resolved, and the person is able to return independently to the community with follow up services.</li> <li>Upon discharge, individuals will be provided with written discharge instructions including information such as medications, community resource referrals, and scheduled appointment date, time and location.</li> <li>Disposition coordination and discharge planning includes communicating with Trillium Care Coordination and/or other care management entities.</li> </ol> | <p><b><u>Length of Stay &amp; Units:</u></b><br/>One unit = 1 event. Individuals receiving this service will be evaluated, then stabilized and/or referred to the most appropriate level of care.</p> <p><b><u>Age Group:</u></b> Children, Adolescents &amp; Adults (aged 4 and older)</p> <p><b><u>Population Served:</u></b> All Behavioral Health Diagnosis</p> <p><b><u>Place of Service:</u></b> Office and clinics as clinically indicated</p> <p><b><u>Limitations/ Exclusions (not all inclusive):</u></b></p> <ol style="list-style-type: none"> <li>Not a step-down service for inpatient/FBC discharge</li> <li>Not for routine follow up for med management and cannot administer routine injectable meds</li> <li>Not to replace first responder services</li> <li>Not to replace MCM nor to be used as a diversion from MCM</li> <li>Not to be billed at the same time as other services.</li> </ol> | <p><a href="#">State-Funded Behavioral Health Urgent Care Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> |

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|--|--|--|--|--|
| <p><b>Inpatient Behavioral Health Services: Inpatient Hospital Psychiatric Treatment (MH)</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u><br/> <b>100:</b> Inpatient Behavioral Health Services (Public-Private Partnership: PPP)</p> | <p>This is an organized service that provides intensive evaluation and treatment delivered in an acute care inpatient setting by medical and nursing professionals under the supervision of a psychiatrist. <u><i>This service is designed to provide continuous treatment for individuals with acute psychiatric problems.</i></u></p> <p>This service offers physical health psychiatric and therapeutic interventions including such treatment modalities as medication management, psychotherapy, group therapy, dual diagnosis treatment for comorbid psychiatric and substance use disorders and milieu treatment; medical care and treatment as needed; and supportive services including room and board.</p> | <p><b><u>Initial Requests:</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: prior authorization required within the first 72 hours of service initiation.</li> <li>2. Certificate of Need (CON): Must be obtained by the admitting hospital for persons under age 21.</li> <li>3. CCA or DA: Required. An H&amp;P/ Initial Psychiatric Evaluation may meet this requirement.</li> <li>4. Service Order: Required, signed by a physician, LP, PA, or NP. A signed H&amp;P/ Initial Psychiatric Eval meets this requirement.</li> <li>5. Service Plan: Required</li> <li>6. Submission of all records that support the individual has met the medical necessity criteria.</li> </ol> <p><b><u>Reauthorization Requests:</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: Prior approval required</li> <li>2. Updated Service Plan/ Treatment Plan/ PCP: recently reviewed detailing the individual's progress with the service.</li> <li>3. Submission of all records that support the individual has met the medical necessity criteria.</li> </ol> | <p><b><u>Length of Stay:</u></b></p> <ol style="list-style-type: none"> <li>1. Initial requests: Up to 5 units per auth</li> <li>2. Reauthorization requests: Up to 3 units per auth</li> <li>3. Maximum of 8 days/ units per service episode.</li> <li>4. Reauth requests must be submitted prior to the end of the current auth. A late submission resulting in unauth'd days requires splitting the stay for claims payment purposes.</li> </ol> <p><b><u>Units:</u></b> Per diem based on the midnight bed count. Physician and other professional time not included in the daily rate is billed separately.</p> <p><b><u>Age Group:</u></b> Children, Adolescents &amp; Adults</p> <p><b><u>Population Served:</u></b> Primary Mental Health Diagnosis only</p> <p><b><u>Place of Service:</u></b> This service may be provided at a psychiatric hospital or on an inpatient psychiatric unit within a licensed hospital licensed as inpatient psychiatric hospital beds or in State operated facilities. A psychiatric hospital or an inpatient program in a hospital shall be accredited in accordance with 42 CFR 441.151(a)(2), unless provided by an IHS or compact operated by a Federally Recognized Tribe as allowed in 25 USC 1621t and 1647a, or provided by a State or Federally operated facility as allowed by §122C-22.(a)(3).</p> <p><b><u>Service Specifics, Limitations/ Exclusions (not all inclusive):</u></b></p> <ol style="list-style-type: none"> <li>1. The case management component of IIH, MST, CST, ACT, SAIOP, SACOT &amp; CADT can be provided to those admitted to or discharged from this service. Support provided should be delivered in coordination with the Inpatient facility.</li> <li>2. Provider must verify eligibility each time a service is rendered.</li> <li>3. Discharge planning shall begin upon admission to the service.</li> <li>4. Includes ASAM Levels 3.1, 3.3, 3.5, 3.7, and 4.</li> </ol> | <p><a href="#">State Funded Inpatient Behavioral Health Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> |

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| <p><b>Inpatient Behavioral Health Services: Inpatient Hospital Psychiatric Treatment (MH)</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u><br/><b>100:</b> Inpatient Behavioral Health Services (including Three Way Contracts)</p> | <p>This is an organized service that provides intensive evaluation and treatment delivered in an acute care inpatient setting by medical and nursing professionals under the supervision of a psychiatrist. <i>This service is designed to provide continuous treatment for individuals with acute psychiatric problems.</i> This service offers physical health psychiatric and therapeutic interventions including such treatment modalities as medication management, psychotherapy, group therapy, dual diagnosis treatment for comorbid psychiatric and substance use disorders and milieu treatment; medical care and treatment as needed; and supportive services including room and board.</p> | <p><b><u>Pass-Through Period:</u></b><br/>Prior authorization is not required for the first 72 hours of service.</p> <p><b><u>Initial Requests (after pass-through):</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: prior authorization required within the first 72 hours of service initiation.</li> <li>2. Certificate of Need (CON): Must be obtained by the admitting hospital for persons under age 21.</li> <li>3. CCA or DA: Required. An H&amp;P/ Initial Psychiatric Evaluation may meet this requirement.</li> <li>4. Service Order: Required, signed by a physician, LP, PA, or NP. A signed H&amp;P/ Initial Psychiatric Eval meets this requirement.</li> <li>5. Service Plan: Required</li> <li>6. Submission of all records that support the individual has met the medical necessity criteria.</li> </ol> <p><b><u>Reauthorization Requests:</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: Prior approval required</li> <li>2. Updated Service Plan/ Treatment Plan/ PCP: recently reviewed detailing the individual's progress with the service.</li> <li>3. Submission of all records that support the individual has met the medical necessity criteria.</li> </ol> | <p><b><u>Length of Stay:</u></b></p> <ol style="list-style-type: none"> <li>1. Initial (after the pass-through) &amp; Reauthorization requests: Up to 7 days/ units per auth.</li> <li>2. Concurrent requests must be submitted prior to the end of the current auth. A late submission resulting in unauth'd days requires splitting the stay for claims payment purposes.</li> </ol> <p><b><u>Units:</u></b> Per diem based on the midnight bed count. Physician and other professional time not included in the daily rate is billed separately.</p> <p><b><u>Age Group:</u></b> Children, Adolescents &amp; Adults</p> <p><b><u>Population Served:</u></b> Primary Mental Health Diagnosis only</p> <p><b><u>Place of Service:</u></b> This service may be provided at a psychiatric hospital or on an inpatient psychiatric unit within a licensed hospital licensed as inpatient psychiatric hospital beds or in State operated facilities. A psychiatric hospital or an inpatient program in a hospital shall be accredited in accordance with 42 CFR 441.151(a)(2), unless provided by an IHS or compact operated by a Federally Recognized Tribe as allowed in 25 USC 1621t and 1647a, or provided by a State or Federally operated facility as allowed by §122C-22.(a)(3).</p> <p><b><u>Service Specifics, Limitations/ Exclusions (not all inclusive):</u></b></p> <ol style="list-style-type: none"> <li>1. The case management component of IIH, MST, CST, ACT, SAIOP, SACOT &amp; CADT can be provided to those admitted to or discharged from this service. Support provided should be delivered in coordination with the Inpatient facility.</li> <li>2. Provider must verify eligibility each time a service is rendered.</li> <li>3. Discharge planning shall begin upon admission to the service.</li> <li>4. Three-Way Contracts includes ASAM Levels 3.1, or higher, if applicable.</li> </ol> | <p><a href="#">State Funded Inpatient Behavioral Health Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> |



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| <p><b>Inpatient Behavioral Health Services: Medically Managed Intensive Inpatient Service</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u><br/><b>100:</b> Inpatient Behavioral Health Services</p> | <p>This is an <u>ASAM Level 4 for adolescents and adults whose acute biomedical, emotional, behavioral and cognitive problems are so severe that they require primary medical and nursing care</u>. The outcome of this level of care is stabilization of acute signs and symptoms of substance use, and a primary focus of the treatment plan should be coordination of care to ensure a smooth transition to the next clinically appropriate level of care.</p> | <p><b><u>Pass-Through Period:</u></b><br/>Prior authorization is not required for the first 72 hours of service.</p> <p><b><u>Initial Requests (after pass-through):</u></b></p> <ol style="list-style-type: none"> <li><b>TAR:</b> prior authorization required within the first 72 hours of service initiation.</li> <li><b>Certificate of Need (CON):</b> Must be obtained by the admitting hospital for persons under age 21.</li> <li><b>CCA or DA:</b> Required. An initial assessment must be completed within 72 hours of admission and updated prior to discharge to determine the next clinically appropriate level of care. See Service Definition Section 7.4 for specific requirements.</li> <li><b>Service Order:</b> Required, signed by a physician, LP, PA, or NP. A signed H&amp;P/ Initial Psychiatric Eval meets this requirement.</li> <li><b>Service Plan:</b> Required</li> <li><b>Submission of all records</b> that support the individual has met the medical necessity criteria.</li> </ol> <p><b><u>Reauthorization Requests:</u></b></p> <ol style="list-style-type: none"> <li><b>TAR:</b> Prior approval required</li> <li><b>Updated Service Plan/ Treatment Plan/ PCP:</b> recently reviewed detailing the individual's progress with the service.</li> <li><b>Submission of all records</b> that support the individual has met the medical necessity criteria.</li> </ol> | <p><b><u>Length of Stay:</u></b></p> <ol style="list-style-type: none"> <li>Initial (after the pass-through)/ Reauthorization requests: Up to 7 days/ units per auth.</li> <li>Concurrent requests must be submitted prior to the end of the current auth. A late submission resulting in unauth'd days requires splitting the stay for claims payment purposes.</li> </ol> <p><b><u>Units:</u></b> Per diem based on the midnight bed count. Physician and other professional time are included in the daily rate and cannot be billed separately.</p> <p><b><u>Age Group:</u></b> Adolescents &amp; Adults</p> <p><b><u>Population Served:</u></b> Primary Substance Use Diagnosis only</p> <p><b><u>Place of Service:</u></b> Services provided in a licensed 24-hour inpatient setting. This service may be provided in a licensed community hospital or a facility licensed under 10A NCAC 27G .6000, unless provided by an IHS or compact operated by a Federally Recognized Tribe as allowed in 25 USC 1621t and 1647a.</p> <p><b><u>Service Specifics, Limitations/ Exclusions (not all inclusive):</u></b></p> <ol style="list-style-type: none"> <li>The case management component of IIH, MST, CST, ACT, SAIOP, SACOT &amp; CADT can be provided to those admitted to or discharged from this service. Support provided should be delivered in coordination with the Inpatient facility.</li> <li>Provider must verify eligibility each time a service is rendered.</li> <li>This level of care must be capable of initiating or continuing any MAT that supports the individual in their recovery from substance use.</li> <li>Discharge planning shall begin upon admission to the service.</li> </ol> | <p><a href="#">State Funded Inpatient Behavioral Health Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> |

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|---|--|--|---|--|
| <p><b>Inpatient Behavioral Health Services: Medically Managed Intensive Inpatient Withdrawal Management Service</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u><br/><b>100:</b> Inpatient Behavioral Health Services</p> | <p>This is an <i>ASAM Level 4-WM for adults whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care, 24-hour observation, monitoring, and withdrawal management services in a medically monitored inpatient setting.</i> The intended outcome of this level of care is to sufficiently resolve the signs and symptoms of withdrawal so the individual can be safely managed at a less intensive level of care.</p> | <p><b><u>Pass-Through Period:</u></b><br/>Prior authorization is not required for the first 72 hours of service.</p> <p><b><u>Initial Requests (after pass-through):</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: prior authorization required within the first 72 hours of service initiation.</li> <li>2. Certificate of Need (CON): Must be obtained by the admitting hospital for persons under age 21.</li> <li>3. CCA or DA: Required. An initial assessment must be completed within 72 hours of admission and updated prior to discharge to determine the next clinically appropriate level of care. See Service Definition Section 7.4 for specific requirements.</li> <li>4. Service Order: Required, signed by a physician, LP, PA, or NP. A signed H&amp;P/ Initial Psychiatric Eval meets this requirement.</li> <li>5. Service Plan: Required</li> <li>6. Submission of all records that support the individual has met the medical necessity criteria.</li> </ol> <p><b><u>Reauthorization Requests:</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: Prior approval required</li> <li>2. Updated Service Plan/ Treatment Plan/ PCP: recently reviewed detailing the individual's progress with the service.</li> <li>3. Submission of all records that support the individual has met the medical necessity criteria.</li> </ol> | <p><b><u>Length of Stay:</u></b></p> <ol style="list-style-type: none"> <li>1. Initial (after the pass-through)/ Reauthorization requests: Up to 7 days/ units per auth</li> <li>2. Concurrent requests must be submitted prior to the end of the current auth. A late submission resulting in unauth'd days requires splitting the stay for claims payment purposes.</li> </ol> <p><b><u>Units:</u></b> Per diem based on the midnight bed count. Physician and other professional time are included in the daily rate and cannot be billed separately.</p> <p><b><u>Age Group:</u></b> Aged 18 and older</p> <p><b><u>Population Served:</u></b> Primary Substance Use Diagnosis only</p> <p><b><u>Place of Service:</u></b> Services shall be provided in a licensed 24-hour inpatient setting. This service may be provided in a licensed community hospital or a facility licensed under 10A NCAC 27G .6000 unless provided by an IHS or compact operated by a Federally Recognized Tribe as allowed in 25 USC 1621t and 1647a. This substance use disorder service may be provided in an IMD.</p> <p><b><u>Service Specifics, Limitations/ Exclusions (not all inclusive):</u></b></p> <ol style="list-style-type: none"> <li>1. The case management component of IIH, MST, CST, ACT, SAIOP, &amp; SACOT can be provided to those admitted to or discharged from this service. Support provided should be delivered in coordination with the Inpatient facility.</li> <li>2. Provider must verify eligibility each time a service is rendered.</li> <li>3. This level of care must be capable of initiating or continuing any MAT that supports the individual in their recovery from substance use.</li> <li>4. Discharge planning shall begin upon admission to the service.</li> </ol> | <p><a href="#">State Funded Inpatient Behavioral Health Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> |

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| <p><b>Mobile Crisis Management Services</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u></p> <p><b>H2011:</b> Mobile Crisis Management</p> <p>Service is telehealth eligible (GT modifier not required).</p> | <p>Involves all support, services, and tx necessary to provide integrated crisis response, crisis stabilization interventions, and crisis prevention activities. Services are always available, 24 hours a day, seven days a week, 365 days a year. Crisis response provides an immediate evaluation, triage and access to acute MH, IDD, or SU services, tx, and supports to effect symptom reduction, harm reduction, or to safely transition persons in acute crises to appropriate crisis stabilization and detox supports or services. Services will be used to divert individuals from inpatient psychiatric and detox services. These services are not used as “step down” services from inpatient hospitalization.</p> | <p><b><u>Pass-Through Period:</u></b><br/>Prior authorization is not required for the first 32 units of crisis services per episode.</p> <p><b><u>Initial (after pass-through) &amp; Reauthorization Requests:</u></b></p> <ol style="list-style-type: none"> <li><b>TAR:</b> prior authorization required within 48 hours of exhausting unmanaged units.</li> <li><b>Note:</b> Clinical docs are only required if more than 8 additional units are requested.</li> <li><b>Service Note(s):</b> Required</li> <li><b>ASAM:</b> If applicable, the ASAM Score must be supported with detailed clinical documentation on each of the six ASAM dimensions (if applicable).</li> <li><b>Person Centered Plan (PCP):</b> Required when this service is provided in conjunction with a service found in the Clinical Coverage Policies 8A, as well as the state-funded enhanced MH/SU services.</li> <li><b>Submission of applicable records</b> that support the individual has met the medical necessity criteria.</li> </ol> | <p><b><u>Units:</u></b> One unit = 15 minutes</p> <p><b><u>Age Group:</u></b> Children, Adolescents &amp; Adults</p> <p><b><u>Population Served:</u></b> Mental Health, Substance Use and Intellectual/ Developmental Disability</p> <p><b><u>Service Specifics, Limitations/ Exclusions (not all inclusive):</u></b></p> <ol style="list-style-type: none"> <li>Priority should be given to individuals with a history of multiple crisis episodes or who are at substantial risk of future crises.</li> <li>Mobile Crisis Management must develop a Crisis Plan before discharge for individuals new to the public system.</li> <li>Services related to this policy are not covered when the service duplicates another provider’s service.</li> <li>Services that may not be concurrently provided include: ACT, CST, IIH, MST, Medical Community Substance Abuse Residential Tx, Non-Medical Community Substance Abuse Residential Tx, Detoxification Services, Inpatient SU Tx, Inpatient Psychiatric Tx, and Psychiatric Residential Tx Facility except for the day of admission.</li> </ol> | <p><a href="#">State-Funded Enhanced Mental Health and Substance Abuse Services</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">NC PCP Guidance Document</a></p> |

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|--|---|--|--|---|
| <p><b>Professional Treatment Services in Facility-Based Crisis Program</b></p> <p>Limited funding. Not an entitlement.</p> <p>Code(s): S9484</p> | <p>This service provides an alternative to hospitalization for adults who have a MH or SU disorder. The objectives of the service include assessment and evaluation of the condition(s) that have resulted in acute psychiatric symptoms, disruptive or dangerous behaviors, or intoxication from alcohol or drugs; to implement intensive tx, behavioral management interventions, or detox protocols; to stabilize the immediate problems that have resulted in the need for crisis intervention or detox; to ensure the safety of the individual receiving the service by closely monitoring their medical condition and response to the tx protocol; and to arrange for linkage to services that will provide further tx or rehabilitation upon discharge from the service.</p> | <p><b><u>Pass-Through Period:</u></b><br/>No prior authorization required for the first 7 days (112 units).</p> <p><b><u>Initial Requests (after pass-through):</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: prior authorization required. The initially submitted request following the pass-through shall not exceed 8 days (192 units).</li> <li>2. Assessment: Completed by a licensed professional, not a QP. If applicable, the ASAM Score must be supported with detailed clinical documentation on each of the six ASAM dimensions (if applicable).</li> <li>3. Service Order: Required and must be ordered by a primary care physician, psychiatrist, or a licensed psychologist.</li> <li>4. Service Plan: Required and must be completed at the time the recipient is admitted to a service.</li> <li>5. Submission of all records that support the recipient has met the medical necessity criteria.</li> </ol> <p><b><u>Reauthorization Requests:</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: prior approval required.</li> <li>2. Service Plan: recently reviewed detailing the recipient's progress with the service <b>OR</b> Progress Notes documenting the continued stay criteria.</li> <li>3. CCA: required prior to discharge in order to document MN.</li> <li>4. Submission of all records that support the recipient has met the medical necessity criteria.</li> </ol> | <p><b><u>Length of Stay:</u></b></p> <ol style="list-style-type: none"> <li>1. The initial request following the pass-through shall not exceed 8 days (128 units).</li> <li>2. This is a short-term service that cannot be provided for more than 45 days in a 12-month period.</li> </ol> <p><b><u>Units:</u></b> One unit = 1 hour, up to 16 hours in a 24-hour period.</p> <p><b><u>Age Group:</u></b> Adults (Age 18 and older)</p> <p><b><u>Population Served:</u></b> Mental Health &amp; Substance Use</p> <p><b><u>Service Specifics, Limitations/ Exclusions (not all inclusive):</u></b> Services related to this policy are not covered when the service duplicates another provider's service.</p> | <p><a href="#">State-Funded Enhanced Mental Health and Substance Abuse Services</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">End Dating State-Funded Facility-Based Crisis- Non-Medicaid - Adult YP485 Procedure Code</a></p> |