



2024-2025 State-Funded Adult Behavioral Health Services Benefit Plan

<i>Service Code(s):</i>	<i>Services Included (Sorted by Alphabetical Order)</i>
H0040, H0040U1	<u>Assertive Community Treatment Program</u>
H2015HTHO, H2015HTHF, H2015HTHN, H2015HTU1, H2015HTHM	<u>Community Support Team</u>
YP740, YP750	<u>Family Living</u>
YP760, YP770, YP780	<u>Group Living (High, Moderate, & Low Intensity)</u>
YP630, YP630U6, H2023Z1, H2023Z2, H2023Z3, H2023Z4, H2023Z6, H2023Z7, H2023Z8, H2023Z9, H2023 Z5	<u>Individual Placement and Support for Adult Mental Health/ Substance Use</u>
H0035	<u>Partial Hospitalization</u>
H0038, H0038HQ	<u>Peer Support Services</u>
H2017	<u>Psychosocial Rehabilitation</u>
YP710, YP720	<u>Supervised Living</u>

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.

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p>Assertive Community Treatment (ACT)</p> <p>Limited funding. Not an entitlement.</p> <p>Code(s):</p> <p>H0040</p> <p>H0040 U1: Shadow Claims</p>	<p>An Assertive Community Treatment (ACT) team consists of a community-based group of medical, behavioral health, and rehabilitation professionals who use a team approach to meet the needs of an individual with severe and persistent mental illness. An individual who is appropriate for ACT does not benefit from receiving services across multiple, disconnected providers, and may become at greater risk of hospitalization, homelessness, substance use, victimization, and incarceration.</p>	<p>Initial Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior authorization is required. 2. CCA: Required, to include an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions if applicable. 3. Complete PCP: Required, to include all required signatures and the 3-page crisis plan. Specific interventions, duration, and frequency for each of the ACT Team staff must be included. PCP must address the role of all team individuals including frequency and duration of each role. 4. Service Order: Required, signed by an MD/ DO, NP, PA, or a Licensed Psychologist. 5. Submission of all records that support the individual has met the medical necessity criteria. <p>Reauthorization Requests:</p> <ol style="list-style-type: none"> 1. TAR: prior authorization required 2. Complete PCP (including above detailed requirements): recently reviewed detailing the individual's progress with the service. 3. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 4. Submission of all records that support the individual has met the medical necessity criteria. 	<p>Length of Stay:</p> <ol style="list-style-type: none"> 1. Up to 30 days for all authorization requests. 2. No more than 5 months in a rolling year will be authorized. 3. Team must see individuals, on average, 1.5 times per week for at least 60 minutes per week. It is expected that additional face-to-face and phone contacts are made with individuals, their natural supports, and other providers on their behalf. <p>Units:</p> <ol style="list-style-type: none"> 1. One unit = 1 event. 2. One unit is auth'd per month, although a shadow claim should be billed every time an encounter occurs. 3. The expectation is most ACT individuals will receive more than 4 contacts per month, with most seeing at least 3 team individuals in a given month. <p>Age Group: Adults (age 18 and older)</p> <p>Level of Care: While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p>Service Specifics, Limitations, & Exclusions (not all inclusive):</p> <ol style="list-style-type: none"> 1. ACT cannot be provided concurrently with: Individual, Group, or Family Outpatient; OPT Med Management; Outpatient Psychiatric Services; d. Mobile Crisis Management; PSR or CST (after a 30-day transition period; Partial Hospitalization; Tenancy Support Services; Nursing home facility, IPS-SE or LTVS. 2. State funds will not cover services provided to individuals with a primary dx of a SU disorder, IDD, ASD, personality disorders, or TBI. 	<p>State-Funded Assertive Community Treatment Service Definition</p> <p>PCP Guidance Documents & Templates</p> <p>APSM 45-2 Records Management and Documentation Manuals</p>

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<p>Community Support Team (CST)</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> H2015 HT HO: Licensed Team Lead H2015 HT HF: LCAS, LCAS-A, CCS, CSAC H2015 HT HN: QP, AP H2015 HT U1: NC Peer Support Specialist H2015 HT HM: Paraprofessional</p>	<p>Provides direct support to adults with a dx of MH, SU, or comorbid disorder and who have complex and extensive tx needs. This is an intensive community-based rehab team service that provides direct tx and restorative interventions as well as case management.</p> <p>This service consists of community-based MH and SU services, and structured rehabilitative interventions intended to increase and restore a individuals ability to live successfully in the community. The team approach involves assistance in re-est. the individuals community roles related to the following life domains: emotional, behavioral, social, safety, housing, medical and health, educational, vocational, and legal.</p>	<p><u>Initial Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization is required 2. CCA: Required, to include an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions if applicable. 3. Complete PCP: Required, to include all required signatures and the 3-page crisis plan 4. Service Order: Required, signed by an MD/ DO, NP, PA, or a Licensed Psychologist. 5. Submission of applicable records that support the individual has met the medical necessity criteria. <p><u>Reauthorization Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: prior authorization required 2. Complete PCP: recently reviewed detailing the individual's progress with the service to include all required signatures and the 3-page crisis plan. 3. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 4. Submission of applicable records that support the individual has met the medical necessity criteria. 	<p><u>Length of Stay:</u></p> <ol style="list-style-type: none"> 1. Up to a 60-day auth period per request. 2. No more than 3 months in a rolling year will be authorized. <p><u>Units:</u></p> <ol style="list-style-type: none"> 1. One unit = 15 minutes 2. Up to 128 units for 60 calendar days. For those searching for stable housing and requiring permanent supportive housing interventions, up to 420 units for the initial authorization period. These additional units have a 3-month max limit per rolling year. <p><u>Age Group:</u> Adults (age 18 and older)</p> <p><u>Level of Care:</u> ASAM Level 1 (if applicable). While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p><u>Service Specifics, Limitations, & Exclusions (not all inclusive):</u></p> <ol style="list-style-type: none"> 1. CST must not be provided in conjunction with ACT; during the same auth period as any other service that contains duplicative service components (to include TMS or PSS); to individuals residing in Institutions for Mental Disease (IMD), and; Family individuals or LRP's of the individual may not provide this service. 2. To help w/ transition, CST services may be provided for a max of 8 units for the first and last 30-day period for individuals who transitioning to or from: ACTT, SAIOP or SACOT. 	<p>State-Funded Community Support Team Service Definition</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p>

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<p>Family Living</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> YP740: Low Intensity YP750: Moderate Intensity</p>	<p><i>Low Intensity:</i> A residential service which includes room and board and provides "family style" supervision and monitoring of daily activities. Individuals live with a family who act as providers of supportive services. The service providers are supported by the professional staff of the area program or the contract agency with ongoing consultation and education to the service providers in their own homes.</p> <p><i>Moderate Intensity:</i> A 24-hour service (including room and board) which provides professionally trained parent-substitutes who work intensively with individuals in providing for their basic living, socialization, therapeutic, and skill-learning needs. The parent-substitutes receive substantial training and receive close supervision and support from the area program or its contract agencies. Recipients receiving this service may utilize periodic or day program services from the area program; but such services should be accounted for and reported separately.</p>	<p><u>Initial Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization is required 2. CCA: Required, to include an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions if applicable.. 3. NC SNAP or SIS: Required, if applicable 4. Service/ Tx Plan: Required <p><u>Reauthorization Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: prior approval required 2. Service/ Tx Plan: recently reviewed detailing the recipient's progress with the service. 3. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 	<p><u>Length of Stay:</u> Request length of stay can be for up to one fiscal year or the end of the PCP (whichever comes first).</p> <p><u>Units:</u> One unit = 1 day</p> <p><u>Age Group:</u> Adults (age 18 and older)</p> <p><u>Level of Care:</u> While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p><u>Service Specifics, Limitations, & Exclusions (not all inclusive):</u></p> <p>1. No new admissions effective 10/5/2023.</p>	<p>State Funded MH/DD/SA Service Definition</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p>

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<p>Group Living</p> <p>Limited funding. Not an entitlement.</p> <p>Code(s):</p> <p>YP760: Low Intensity</p> <p>YP770: Moderate Intensity</p> <p>YP780: High Intensity</p>	<p>The determining factor as to whether a particular group living arrangement is to be considered low-moderate-high is the intensity of the individual tx/ habilitation provided and the integration between day and 24-hour tx/ habilitation programming.</p> <p>Low Intensity: Care (room & board included) provided in a home-like environment to 5 or more individuals. Supervision and therapeutic intervention are limited to sleeping time, home living skills and leisure time activities. Primary tx and rehab services are provided off-site and are accounted for where appropriate (i.e., Outpatient Treatment/ Habilitation, ADVP). Group Living-Low Intensity must be provided in a licensed facility.</p> <p>Moderate Intensity: A 24-Hour service that includes a greater degree of supervision and therapeutic intervention for the residents because of the degree of their dependence or the severity of their disability. The care (including room and board), that is provided, includes individualized therapeutic or rehabilitative programming designed to supplement day tx services which are provided in another setting. This level of group living is often provided because the individual's removal from his/her regular living arrangement is necessary in order to facilitate tx.</p> <p>High Intensity: A 24-Hour service (including room and board) that includes a significant amount of individualized therapeutic or rehabilitative programming as a part of the residential placement. The individuals can receive day treatment services either on-site or off-site; but the day and residential programming is highly integrated. The individuals who receive this level of 24-Hour care are significantly disabled and dependent and would need to be served in an institutional setting. Staff are trained and receive regular professional support and supervision. The costs related to day programming are often a part of the day rate for this service. If the day service cost is reported separately, Group Living-Moderate Intensity should be considered as an alternative for this type of service.</p>	<p>Pass-Through: No prior authorization is required for those admitted to PORT's Adolescent SU Tx Program or those admitted to the Robeson Village Perinatal Program. (some contract variations).</p> <p>Initial Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. CCA: Required, to include an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions if applicable. 3. Service/ Tx Plan: Required 4. NC SNAP/ SIS: Required, if applicable <p>Reauthorization Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. Service/ Tx Plan: recently reviewed detailing the individual's progress with the service 3. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 	<p>Length of Stay: Up to a 6-month auth period per request.</p> <p>Units: One unit = 1 day, to be counted in a midnight occupied bed count. Allowance will be made for Therapeutic Leave.</p> <p>Age Group: Adults (age 18 and older)</p> <p>Level of Care: NC SNAP OR Supports Intensity Scale OR ASAM Level 3.1 (for Low Intensity), ASAM Level 3.5 (for Moderate Intensity, and ASAM Level 3.7 (for High Intensity). While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p>Service Specifics, Limitations, & Exclusions (not all inclusive):</p> <ol style="list-style-type: none"> 1. No new admissions effective 10/5/23 2. When available, new admissions are only open to individuals stepping down from long term care (2 yrs or more) in a state operated facility. 	<p>State Funded MH/DD/SA Service Definition</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p>Individual Placement and Support (IPS) for AMH/ASU</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> YP630: IPS for providers not using the milestones YP630 U6: IPS for TCL H2023 Z1: IPS Milestone 1 H2023 Z2: IPS Milestone 2 H2023 Z3: IPS Milestone 3 H2023 Z4: IPS Milestone 4 H2023 Z6: IPS Milestone 5 H2023 Z7: IPS Milestone 6 H2023 Z8: IPS Milestone 7a H2023 Z9: IPS Milestone 7b H2023 Z5: Successful IPS</p>	<p>A BH service with a focus on employment that provides assistance in choosing, acquiring, and maintaining competitive paid employment in the community for individuals 16 years and older for whom employment has not been achieved or employment has been interrupted or intermittent. This service is co-located with an agency's BH tx services to ensure consistent BH integration. If a provider of IPS does not also provide BH services, the provider must partner with one or two BH agencies. The IPS model requires ongoing BH Integration.</p>	<p><u>Pass-Through Period:</u> Prior authorization is not required for this service.</p> <p><u>Maintained in the Record (not all inclusive):</u></p> <ol style="list-style-type: none"> 1. CCA: Required, to include current diagnosis, level of functioning, and an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions (if applicable). 2. Career Profile or Complete PCP: Required. If the individual receives an enhanced service, employment and other services must be identified on an integrated PCP with an attached in-depth Career Profile. Frequency and intensity of services must be documented in the Career Profile and must be individualized. 3. Service Order: Required 4. VR Documentation: Evidence of on-going Voc Rehab collaboration. IPS providers must refer individuals to DVRS for eligibility determination of employment services when initiating services. If determined eligible for VR services, the provider and 	<p><u>Length of Stay:</u> The duration and frequency at which IPS is provided must be based on MN and progress made by the individual toward goals outlined in the Career Profile</p> <p><u>Units:</u> One unit= 15 minutes</p> <p><u>Age Group:</u> Adults & Adolescents (age 16 years and older) with: 1. A serious mental illness (SMI) that includes severe and persistent mental illness (SPMI); OR 2. A serious emotional disturbance (SED); OR 3. A severe substance use disorder (SUD)</p> <p><u>Level of Care:</u> While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p><u>Service Specifics, Limitations, & Exclusions (not all inclusive):</u></p> <ol style="list-style-type: none"> 1. IPS services shall not be provided during the same auth period as ACT. 2. Individuals may not be disqualified from engaging in employment because of perceived readiness factors, such as active substance use, criminal background issues, active MH symptoms, or personal presentation. The individual's assessment and the Career Profile must be submitted within the first 30 calendar days of service initiation. 3. State funds will not cover: <ol style="list-style-type: none"> a. Services provided to teach academics, to include special education provided under the Individuals with Disabilities Education Act (IDEA) b. Pre-vocational classes and/or group employment searches or classes c. Supports or services to help with volunteering d. Set-aside jobs for people with disabilities, such as enclaves, and will not cover group employment/work crews. e. Services to acquire, retain, and improve the self-help, socialization, and adaptive skills necessary to reside successfully in 	<p>Individual Placement and Support for AMH/ASA Service Definition</p> <p>JCB #455: Clarification of IPS Services Billing in Conjunction with DVR Services Milestones</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p>

		<p>DVRS will collaborate on employment services.</p> <p>5. Updated PCP, Service Plan or Career Profile: Required. If the individual receives an enhanced service, employment and other services must be identified on an integrated PCP with an attached in-depth Career Profile. Frequency and intensity of services must be documented in the Career Profile and must be individualized.</p>	<p>community settings, to include time spent attending or participating in recreational activities</p> <p>f. Childcare services</p> <p>g. Service provided under the Rehabilitation Act of 1973</p> <p>h. IPS services can only be billed when providing employment services and support directly to the individual or on behalf of the beneficiary and cannot be billed for meetings, paperwork, documentation, or travel time.</p> <p>4. State funds will only reimburse for services not covered in a DVR milestone. IPS providers will bill DVRS for milestone payments for services provided by the Employment Support Professional (ESP). A individual may receive peer services and benefits counseling during the vocational rehabilitation milestones. IPS providers should bill H2023U4 for services provided by the Employment Peer Mentor (EPM) and the Benefits Counselor (BC).</p>	
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<p style="text-align: center;">Partial Hospitalization</p> <p>Limited funding. Not an entitlement.</p> <p>Code(s): H0035</p>	<p>A short-term service for acutely mentally ill children or adults, which provides a broad range of intensive therapeutic approaches which may include: group activities or therapy, individual therapy, recreational therapy, community living skills or training, increases the individual's ability to relate to others and to function appropriately, coping skills, medical services. This service is designed to prevent hospitalization or to serve as an interim step for those leaving an inpatient facility. A physician shall participate in diagnosis, tx planning, and admission or discharge decisions. Physician involvement shall be one factor that distinguishes Partial Hospitalization from Day Treatment services.</p>	<p>Pass-Through Period: Prior authorization is not required for the first 7 days (7 units)</p> <p>Initial Requests (after pass-through):</p> <ol style="list-style-type: none"> 1. TAR: Prior authorization is required. 2. CCA: Required 3. Complete PCP: Required, to include all required signatures and the 3-page crisis plan. The amount, duration, and frequency of services must be included. If limited information is available at admission, staff shall document on the PCP whatever is known and update it when additional information becomes available. 4. Service Order: Required 5. Medicaid Application: Evidence of individual applying for Medicaid or update on application status. 6. Submission of applicable records that support the individual has met the medical necessity criteria. <p>Reauthorization Requests:</p> <ol style="list-style-type: none"> 1. TAR: prior authorization required. 2. Complete PCP: recently reviewed detailing the individual's progress with the service, to include all required signatures and the 3-page crisis plan. 3. Medicaid Application: Evidence of individual applying for Medicaid or update on application status. 4. Submission of applicable records that support the individual has met the medical necessity criteria. 	<p>Length of Stay:</p> <ol style="list-style-type: none"> 1. Initial (after pass-through) and Reauthorization requests shall not exceed 7 calendar days. 2. Maximum length of stay is 30 days in a 12-month period. <p>Units:</p> <ol style="list-style-type: none"> 1. One unit = 1 event 2. This is day or night service provided a minimum of 4 hrs/day, 5 days/week, and 12 months/year (excluding transportation time). Excludes legal or governing body designated holidays. <p>Age Group: Children, Adolescents & Adults</p> <p>Level of Care: While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p>Service Specifics, Limitations, & Exclusions (not all inclusive):</p> <ol style="list-style-type: none"> 1. Individuals may be ineligible for a state-funded service due to coverage by other payors that would make them ineligible for the same or similar service funded by the state (e.g. individual is eligible for the same service covered by Medicaid or other third party payor) 	<p>State-Funded Enhanced Mental Health and Substance Abuse Services Definition</p> <p>APSM 45-2 Records Management and Documentation Manual</p> <p>NC PCP Guidance Document</p>

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<p>Peer Support Services (PSS)</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u></p> <p>H0038: Peer Support, Individual. The GT (Telehealth) and KX (Telephonic) modifiers can be used with this service code.</p> <p>H0038HQ: Peer Support, Group</p>	<p>Service is an evidenced-based MH model of care that provides community-based recovery services directly to an adult diagnosed with a MH or SU disorder. PSS provides structured, scheduled services that promote recovery, self-determination, self-advocacy, engagement in self-care and wellness and enhancement of community living skills of individuals. PSS services are directly provided by Certified Peer Support Specialists (CPSS) who have self-identified as a person(s) in recovery from a mental health or substance use disorder.</p>	<p><u>Pass-Through Period:</u> Prior authorization is not required for the first 6 hours (24 units) of service initiation. Unmanaged units are available only once per FY.</p> <p><u>Initial Requests (after pass-through):</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization is required beyond the unmanaged limit. 2. CCA: Required, to include an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions if applicable. 3. Complete PCP: Required, to include all required signatures and the 3-page crisis plan 4. Service Order: Required, signed by physician or other licensed clinician (DO, PA, NP, PhD) 5. Submission of applicable records that support the individual has met the medical necessity criteria. <p><u>Reauthorization Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: prior authorization required 2. Complete PCP: recently reviewed detailing the individual's progress with the service, to include all required signatures and the 3-page crisis plan. 3. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 4. Submission of applicable records that support the individual has met the medical necessity criteria. 	<p><u>Length of Stay:</u></p> <ol style="list-style-type: none"> 1. Up to a 90-day auth period per request. 2. Providers shall seek prior authorization if they are uncertain that the individual has reached the unmanaged unit limit. <p><u>Units:</u></p> <ol style="list-style-type: none"> 1. One unit = 15 minutes 2. Up to 270 units (individual and group combined) for 90 days for all authorization periods (after pass-through). <p><u>Age Group:</u> Adults (age 18 and older)</p> <p><u>Level of Care:</u> ASAM Level 1 (if applicable). While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p><u>Service Specifics, Limitations, & Exclusions (not all inclusive):</u></p> <ol style="list-style-type: none"> 1. Must not be provided during the same authorization period as ACT, CST. PSS must not be provided during the same time of day when an individual is receiving SAIOP, SACOT, Partial Hospitalization, PSR, Respite, or Individual Support services. 2. Individuals with a sole diagnosis of IDD is not eligible for this service. 3. Telehealth or telephonically, audio-only communication is limited to 20% or less of total service time provided per fiscal year. 4. If MN dictates the need for increased service duration and frequency, clinical consideration must be given to interventions with a more intense clinical component. 	<p>State-Funded Peer Support Services Definition</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p> <p>LME-MCO Communication Bulletin #J334</p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p>Psychosocial Rehabilitation State-Funded Enhanced Service</p> <p>Limited funding. Not an entitlement.</p> <p>Code(s): H2017</p>	<p>Service is designed to help adults with psychiatric disabilities increase their functioning so that they can be successful and satisfied in the environments of their choice with the least amount of ongoing professional intervention. PSR focuses on skill and resource development related to life in the community and to increasing the participant's ability to live as independently as possible, to manage their illness and their lives with as little professional intervention as possible, and to participate in community opportunities related to functional, social, educational and vocational goals.</p>	<p>Initial Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior authorization is required. 2. CCA: Required, to include an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions (if applicable). 3. Complete PCP: Required, to include all required signatures and the 3-page crisis plan. The amount, duration, and frequency of services must be included. 4. Service Order: Required 5. Transition/ Stepdown Plan: Encouraged 6. Submission of applicable records that support the recipient has met the medical necessity criteria. <p>Reauthorization Requests:</p> <ol style="list-style-type: none"> 1. TAR: prior authorization required 2. Complete PCP: recently reviewed detailing the recipient's progress with the service, to include all required signatures and the 3-page crisis plan. For PSR, the PCP shall be reviewed at least every 6 months. The amount, duration, and frequency of services must be included in a recipient's PCP. 3. Transition/ Stepdown Plan: Encouraged 4. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 5. Submission of applicable records that support the recipient has met the medical necessity criteria. 	<p>Length of Stay:</p> <ol style="list-style-type: none"> 1. Initial and Reauthorization Requests: Up to 90 days 2. Maximum length of service is 6 months in a rolling 12-month period. 3. This service is to be available for a period of five or more hours per day, at least five days per week, and it may be provided on weekends or in the evening. <p>Units:</p> <ol style="list-style-type: none"> 1. One unit = 15 minutes 2. Up to 30 hours (120 units) per week for 90-day auth period (up to 1542 units). <p>Age Group: Adults (age 18 and older)</p> <p>Level of Care: While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p>Service Specifics, Limitations, & Exclusions (not all inclusive):</p> <ol style="list-style-type: none"> 1. PSR may not be provided during the same auth period as Partial Hospitalization and ACT. 	<p>State-Funded Enhanced Mental Health and Substance Abuse Services Definitions</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p>Supervised Living</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u></p> <p>YP710: Low Intensity</p> <p>YP720: Moderate Intensity</p>	<p>Low Intensity: Service is typically provided in individual apartments, sometimes clustered in small developments that may or may not have an apartment manager on site during regularly scheduled hours. This is the least restrictive residential service which includes room and periodic support care. These apartments are the individual's home, not licensed facilities. No BH services are attached to the apartment. The individual may receive periodic MH services such as outpatient tx, structured day programming, etc., independent of the "supervised living" apartment. Community based MH services such as ACTT may be provided to the individual in the home, but the service is not programmatically linked to the home.</p> <p>Moderate Intensity: Service is typically in an apartment which includes periodic support care to one or more individuals who do not need 24-hour supervision; or, for whom care in a group setting is considered inappropriate. Supervision includes routine or spontaneous visits, on-call support, and sometimes more intense one-on-one contact for several consecutive hours. It includes assistance in daily living skills, supportive counseling, and monitoring of the client's well-being. It may also include the employment of an individual to live with the client(s) to provide the appropriate level of supervision.</p>	<p>Initial Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior approval is required. 2. CCA: Required, to include an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions (if applicable). 3. NC SNAP or SIS: Required, if applicable 4. Service/ Tx Plan: Required <p>Reauthorization Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. Service/ Tx Plan: recently reviewed detailing the recipient's progress with the service. 3. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 	<p>Length of Stay: Up to a 6-month per authorization.</p> <p>Units: One unit = 1 day</p> <p>Age Group: Adults</p> <p>Level of Care: While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p>Service Specifics, Limitations, & Exclusions (not all inclusive):</p> <ol style="list-style-type: none"> 1. No new admissions effective 10/5/23 2. If an individual is temporarily in a respite or other 24-hour placement, staff are to assure that there is no double billing. 3. Therapeutic leave does not apply to this service. 	<p>State Funded MH/DD/SA Service Definition</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p> <p>End-Dating of State-Funded Supervised Living – High Communication Bulletin</p>