



## North Carolina Department of Health and Human Services

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September 30, 2013

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations  
Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303

Dear Ms. Glaze:

The purpose of this state plan amendment is to respond to CMS companion letter dated November 26, 2012, for the approval of State Plan Amendment (SPA) 12-014. Please find enclosed an amendment to North Carolina's State Plan Under Title XIX of the Social Security Act for the Medical Assistance Program. The affected pages are Attachment 3.1-A.1, Pages 7c.4; 7c.5, 7c.6, 7c.6a, 7c.7a, 7c.8; 15a.3a; 15a.4a; 15a.6, 15a.6a, 15a.7; 15a.7-A, 15a.9, 15a.9-B, 15a.10, 15a.11, 15a.11-A, 15a.19, 15a.19a, through 15a.19r.

State plan amendment 12-014 removed the references to the "endorsement" requirement for providers of mental health, developmental disability, and substance abuse services. The SPA was approved with the request for additional information on coverage issues concerning rehabilitation services. In order for the Division of Medical Assistance to comply with the requirements of CMS statutory and regulatory provisions, the Division of Medical Assistance must amend its approved State plan to include comprehensive language to describe the rehabilitation services.

The amendment is submitted for an effective date of July 1, 2013.

The format of the responses is in question and answer format.

1. Child and Adolescent Day Treatment – Page 7c.4 of Attachment 3.1-A.1 - The state indicates mental health day treatment is available to children ages 3 up through age 20. Because EPSDT services must be available to all EPSDT eligible, will the State assure that these services will be available to children under age 3 based on medical necessity. The state can include language as it has noted on page 7c.7, item (h) for Multisystemic Therapy, "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."

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Response: This language has been added per CMS instructions above to include the language noted on the Multisystemic Therapy.

2. Psychosocial Rehabilitation, Page 15a.3 - We incorporate questions for this service from our review in NC 12-010 (Page 15a.3 – 15a.4 - (iv) Psychosocial Rehabilitation, state's answer to Question 4 in the Companion Letter to NC 11-034):

a) This service is not approvable as currently described in the state plan. Please add a service description, including the purpose of this service, and the component services that would make this a coverable rehabilitative service. Please delete references to personal care services,

Response: The state plan was previously revised to add a description and purpose of the service as well as the component services. References to prevocational services were removed and the references to educational services are no longer in this section of the state plan.

b) The third paragraph on page 15a.3a refers to "activities" but we believe these may be the component services. If our understanding is correct, please refer to them as the component services, and add them to page 15a.3 in place of the "activities."

Response: The term activities have been removed from the state plan.

3. Assertive Community Treatment Team, Page 15a.7 – We incorporate questions for this service from our review of NC 12-010 (Page 15a7- Assertive Community Treatment Team, state's answer to Question 1 in the Companion Letter to NC 11-034):

a) Please replace the introductory paragraph with the following or similar language in the state plan since the service description is currently unclear: "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."

Response: The paragraph referenced in item "a" above is now the introductory paragraph as recommended from the above language.

b) The state's answer indicates that ACT includes "cognitive and behavioral therapy" yet these services are not included in the state plan. Please include them in the list of component services in the state plan.

Response: Cognitive and behavioral therapy were added and defined in response to SPA 11-056 and changes were made to the state plan on Attachment 3.1-A.1, Page 7c.13a.

c) We understand that ACT's clinical goal is to provide community-based interdisciplinary care to improve an individual's overall functioning at home, work, and in the community, but the 7<sup>th</sup> bulleted item does not reflect this goal. Please rephrase the language so that it does not imply the

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coverage of ADLs, social and recreational activities under rehabilitative services. We are willing to discuss this with the state so we can gain a better understanding of the 7<sup>th</sup> bulleted item.

Response: The 7<sup>th</sup> bulleted item was rephrased to clarify that this rehabilitative service does not include coverage for ADLs, social, or recreational activities.

4. Partial Hospitalization, Page 15a.4 – 5:

- a) Please delete the reference to, “may” include. It is ambiguous and we need the state plan language to be as clear and unambiguous as possible.

Response: The reference to "may" include was removed from the state plan page 15.a 4.

- b) Please delete the reference to “medical services” as a component of partial hospitalization or add a description to the plan page specifying the coverable rehabilitative service.

Response: The reference to medical services was removed from the state plan page 15.a 4.

- c) The state has a minimum limitation of 4 hours per day/5 days/week. Is there a maximum limitation? If so, please indicate that in the state plan. Also, please explain if the state has an exception or prior authorization process in place that would allow an individual to exceed the maximum limitation. Depending on the state’s answer, we may have additional questions.

Response: This service is paid on a per diem rate and there is not a maximum limitation.

3. Substance Abuse Medically Monitored Community Residential Treatment, Page 15a.11-A:

- a) The state plan indicates that “non-hospital rehabilitation facility” and “first responder for crisis interventions” are some of the component services of this residential treatment program. Please modify the state plan to be sure that these references are worded as services coverable under the rehabilitative services benefit.

Response: This question was responded to in NC 12-009 and this section of the state plan has been rewritten as the formatting of the text was not accurate and did not reflect the intent of this service. The first bullet (non-hospital rehabilitation facility) should have been a part of the introductory sentence to the list of component services of Substance Abuse Medically Monitored Residential Treatment.

- b) The state plan references, “treatment relating to restoration of functioning” as a component service of this residential treatment program. Please include in the state plan a fuller explanation of the “treatment” that is furnished.

Response: This question was responded to in NC 12-009 and the state plan was modified to further explain the treatments relating to restoration of functioning.

4. Substance Abuse Non-Medical Community Residential Treatment, Page 15a.11: Please describe the component service of “case management”. Depending on the state’s answer, this service may have to be moved to item 19 in the state plan.

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Response: The state plan language was modified to correctly reflect care management and coordination versus case management services within this service. Care management and coordination within Substance Abuse Non-Medical Community Residential Treatment involves coordination of these substance abuse rehabilitative services within the service, discharge planning and coordination of rehabilitative services with other providers.

5. (Therapeutic Foster Care) Child Residential Level II – Family Type, Page 15a.19 and Child Residential Level II – Program Type, Page 15a.19; Child Residential Level III and IV, Page 15a.20:

We are confused by the references to “High Risk Intervention services for EPSDT children”; Level I, II, III and IV Family & Group Home programs; and Therapeutic Foster Care. We think the descriptions of these residential treatment programs need to be revamped in their entirety. To that end, we suggest that the state address each of the following questions in the state plan for each residential program. Please note that it may not be permissible for the state to claim for what it calls, “Therapeutic Foster Care/Child Residential Level II – Family Type” if Medicaid is being asked to pay for services that properly are the purview of the foster care/child welfare system.

- a) Please clarify in the state plan the service or programs the state is proposing to offer in each Family and Group Home setting.

Response: The requested information clarifying the services that are offered in each setting has been added into the state plan under each service; please see Attachment 3.1-A.1, Pages 15.19 through 15a.19r.

- b) Please also include in the state plan a description of each service or program, including a description of each of the component services within each program or service. For example, describe each of the service components such as mental health assessment, individual therapy, medication management, etc.

Response: The requested information describing the services provided in each service has been added into the state plan under each service, both within the description of the service and in the section describing the practitioners and staff for each service.

- c) After each service description, list the practitioners that will furnish each service. For example: Registered Nurse, Licensed Social Worker, Licensed Marriage and Family Therapist; Associate Professional, etc.

Response: The list of practitioners who staff each service has been added into the state plan under each service in the sections entitled “ Staffing Requirements.” As noted above, information has also been added regarding the roles of these practitioners and staff within the service.

- d) Please summarize in the state plan all the provider qualifications, i.e., the qualifications for the residential treatment programs, all agency qualifications, all practitioner qualifications, and the qualifications to be a Therapeutic Foster Care family home. Please be sure that the qualifications include those that relate to the provider’s and practitioner’s ability to furnish

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the particular service or services. The practitioner qualifications should include the level of education/degree required, and any additional general information related to licensing, credentialing, or registration. The practitioner qualifications should also reference any required supervision. Consider combining the qualifications in one section entitled, "Provider and Practitioner Qualifications."

Response: The requested information has been added into the state plan under one section entitled "Provider and Practitioner Qualifications."

- e) It appears that it is expected that the services become more intensive and/or structured depending on whether they are furnished in a Level I, II, III or IV group home. Please explain more clearly the Levels and how they differ from one another.

Response: It is correct that the services become more intensive and structured depending on the level of the service. The level of intensity and structure is reflected in the intensity of interventions, in the staffing patterns, including the increased amount of the clinical oversight for each level, and in the degree of structure provided. In Level I and II Family Service a child's level of emotional and mental health disorders are not yet at a degree to require 24/7 awake staff availability to provide rehabilitative interventions. Level III is designed to provide rehabilitative services for children whose emotional and mental health disorders presented require 24/7 awake staff to provide rehabilitative services at all times. Level IV Program Type is delivered in a secure facility due to the severe emotional and behavioral disorders that place the child and others at risk. This level is staffed with a full time licensed practitioner to oversee the most intensive interventions, more frequent behavioral crisis and provide immediate clinical assessment when required by the beneficiaries meeting eligibility for Level IV.

While the listed rehabilitative interventions may appear similar within the levels, the amount, frequency and intensity of rehabilitative interventions increase within each level. The level for which a child or adolescent is approved is based on individual need and medical necessity for a specific level. The state has added entrance criteria that are required to meet medical necessity for each service.

- f) Please delete this sentence in the first paragraph on page 15a.19: "This service would only be provided for the developmentally disabled population less than 21 years of age if they have a dual diagnosis, MR along with MI or SA, and medical necessary services are needed for MI/SA." We think this sentence impermissibly targets a sub-population of the EPSDT population and is part of the state's medical necessity criteria for receipt of this service and thus should not be in the state plan. Please add an assurance to the state plan to the effect that comparable services are available to all children subject to the EPSDT benefit.

Response: This sentence has been deleted.

- g) Please describe how the component services would be authorized and billed in the (Therapeutic Foster Care) Level II- home. Please explain what CMS would be reimbursing. For example, does the state claim for the training of the TFC parent and the services

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furnished by the TFC parent? Does the TFC parent furnish any of the component rehabilitative services? Please describe the services that the TFC parent furnishes.

Response: Each of these services is authorized and billed using a per diem rate. The activities of staff and services provided by each type of staff that is reimbursed under the per diem is included in the SPA. The therapeutic parents as well as direct care staff provide and are reimbursed for the rehabilitative services that they provide. The state reimburses only the training that is required to be a therapeutic foster parent, requirements that exceeds training for regular foster parents under child welfare. This training is available through child welfare funded services. In North Carolina, Level I and Level II Family Type services are available to children in the custody of their parents as well as to children in the state's custody, who need rehabilitative services. At least 50% of recipients of these family type services are in the custody of their own parents. The rehabilitative services that the therapeutic parents furnish are included in the state plan amendment.

- h) Based on our reading of the state plan, we think that the Level I, II, III and IV type homes are primarily engaged in the care and treatment of children with mental diseases. Do any of these homes have more than 16 beds? If so, the IMD exclusion would apply. We would need to discuss this issue further with the state. Reimbursement may be available for services through the inpatient psychiatric services for individuals under 21 benefit (assuming providers meet requirements and the service is included in the state plan.)

Response: No homes in these services are over 12 beds in capacity.

- i) Please add assurances in the state plan that the rehabilitative services are provided to or directed exclusively toward the treatment of the Medicaid eligible child; that all qualified and willing providers may furnish the services; and that children have free choice of providers.

Response: The following language has been added to the state plan in the first paragraph of on page 15a.19: "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; and children of majority age and children and their parents or responsible adults on behalf of their children, have free choice of providers."

- j) We would also seek assurances in the state plan that the rehabilitative services do not include:
- i. room and board services;
  - ii. educational, vocational and job training services;
  - iii. habilitation services;
  - iv. services to inmates in public institutions as defined in 42 CFR §435.1010;
  - v. services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
  - vi. recreational and social activities; and
  - vii. services that must be covered elsewhere in the state Medicaid plan.

Response: These assurances have been added into the state plan in the first paragraph on page 15a.19.

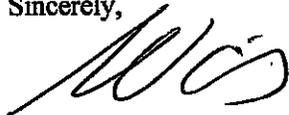
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6. Are there limitations on amount, duration, or scope of services for each service listed at the bottom of Page 7c.1b? If so, please include the limitations to the state plan. Also, can the limitations be exceeded based on medical necessity through an exception or prior authorization process? If so, please designate that for each service in the state plan. (These services include Intensive In-Home (IIH), Community Support Team (CST), Substance Abuse Intensive Outpatient Program (SAIOP), Substance Abuse Comprehensive Outpatient Treatment (SACOT), Child and Adolescent Day Treatment, Psychosocial Rehabilitation (PSR), Assertive Community Treatment Team (ACTT), Multi-Systemic therapy (MST), Partial Hospitalization (PH), Substance Abuse Medically Monitored Community Residential Treatment, Substance Abuse Non-Medical Community Residential Treatment, Outpatient Opioid Treatment, (Therapeutic Foster Care) Child Residential Level II – Family Type, Child Residential Level II – Program Type, and Child Residential Level III and IV.)

Response: The limitations on the amount, duration and scope of services, where they are applied in policy, for each services listed has been added to the state plan under each service.

Thank you for your assistance with our state plan. Please contact Teresa Smith at [Teresa.Smith@dhhs.nc.gov](mailto:Teresa.Smith@dhhs.nc.gov) or 919-855-4116, if you have questions or need additional information.

Sincerely,



Aldona Z. Wos, M.D.

c: Elaine Elmore, CMS-RO  
Mary Holly, CMS-RO  
Teresa Smith, DMA



State Plan Under Title XIX of the Social Security Act  
 Medical Assistance Program  
 State: NORTH CAROLINA

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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

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State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

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4.b.(8) 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 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.

**Partial Hospital (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 Hospital 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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State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

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**4.b. (8) 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 Hospital are provided by a team, which may have the following configuration: social workers, psychologists, therapists, case managers, or other MH/SA paraprofessional staff. The partial hospital milieu is directed under the supervision of a physician. Staff shall include at least one qualified mental health professional.

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

Physician: Participate in diagnosis, treatment planning, and admission/discharge decisions.  
Social Workers, Psychologists, therapists: Group activities and therapy such as individual therapy and recreational therapy.

Case Managers: Case Management functions

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

**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. (8) 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 living in a Level II-IV child residential (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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Effective Date: 08/01/2013

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

**4.b. (8) 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 Masters 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, Hourly Respite, individual, group or family therapy, SAIOP, Child residential Level II-IV, or substance abuse residential services.

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

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

(i) Substance Abuse Intensive Outpatient (SAIOP)

This service provides motivational enhancement and engagement therapies for recovery, random alcohol/drug testing and strategies for relapse prevention to include community and/or other strategies for relapse preventions. These therapies include:

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

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

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

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 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 (42 CFR 30.130(a))

**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 (42 CFR 30.130(a))

- (v) Partial Hospital (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 Hospital (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 (42 CFR 30.130(a))

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.

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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: 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.

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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 regain and restore skills to function including age appropriate social and interpersonal relationships as well as participation in community-based activities including leisure and employment as indicated on the Person Centered Plan
- 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 Team (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 (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.

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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.

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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,
- Disease management; and
- Treatment support activities that have been adapted or specifically designed for persons with physical disabilities, pr 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, case management, disease 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.

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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 disease management.

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. Behavioral Health Rehabilitative Services (continued)

High Risk intervention services for EPSDT eligible children or community based residential rehabilitative services for EPSDT eligible children and North Carolina Health Choice recipients whose mental health, substance abuse and developmental disabilities place these children at high risk for placement in a more restrictive setting, are provided under this section. The services comprise a treatment component package, which is provided in supervised residential settings. These services must be ordered by a physician, physician's assistant, psychologist or nurse practitioner, practicing within the scope of their licensure under state law and authorized by the state's utilization review vendor or the beneficiary's Prepaid Inpatient Health Plan. A treatment plan must be in place and authorized by a physician, psychologist or other licensed practitioner. The population served is for children under 21 years of age who have diagnosed mental health or substance abuse service treatment needs that cannot be met through out patient or intensive in home services the CFR reference is CFR 42 440. 130. The State assures that these services are not provided in any home or facility that is 16 beds or greater. Medicaid covers only those rehabilitative services included in individualized treatment plans which are designed to help recipients regain or develop skills necessary for successful reintegration into the natural family or 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; and children of majority age or parents or responsible adults on behalf of their children, have free choice of providers. Medicaid reimbursement for this service does not cover

- room and board expenses;
- educational, vocational and job training services;
- habilitation services;
- 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; and
- services that must be covered elsewhere in the state Medicaid plan
- child welfare services

This community based residential services for children and adolescents at high risk for more intensive and restrictive residential treatment services are rehabilitative and are provided for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level. There are four levels of services which are available to recipients based on their individualized treatment needs and the intensity of need for therapeutic intervention. The appropriate level of care for a specific child is determined through assessment of the child's current risk of doing harm to self or others, functional status and ability to manage symptoms and behaviors , co morbidity of metal health, substance abuse and developmental delays, and the child's mental health and treatment history in terms of the child's ability to engage in treatment and benefit from treatment in a community based setting as well as through assessment of the ability of the setting to provide the appropriate level of support and intervention.

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13. d. Behavioral Health Rehabilitative Services (continued)

To be eligible for these communities based residential rehabilitative services, the child or adolescent must require out of home treatment due to moderate to severe difficulty maintaining in the naturally available family, or a lower level of care, due to behaviors and symptoms related to their mental health, substance abuse or co-occurring diagnosis or diagnoses. as evidenced by, but not limited to:

- ongoing conflict in the current setting, or
- difficulty accepting age appropriate behavioral expectations and other structure, or
- difficulty engaging in available supportive relationships;
- severely limited involvement in support or impaired ability to form trusting relationships with caretakers, or
- an inability to consider the effect of inappropriate personal conduct on others.
- Outpatient therapies and medication administration and monitoring may have alleviated some symptoms, but other treatment interventions are needed to correct or ameliorate symptoms and behaviors.

Two of the services, Family Level I and II, Family Type, are provided in a licensed therapeutic family setting and three of the services, Level II through IV, Program Type, are delivered in a group home setting of less than 12 beds. The services within each setting type provide an increased amount of intensity of intervention and structure to meet the child's individual needs.

**Service Limitation:**

**Provider and Practitioner Qualifications:**

**Provider Agency Qualifications**

Medicaid and NCHC providers must comply with the following requirements to be eligible to bill for service: 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 meet all staffing and programmatic requirements of this service including provisions in the clinical policy, Implementation Updates and Medicaid Bulletins.
- 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, there must be inclusion in community activities for each recipient and parent and legal guardian participation.
- Record maintenance is the responsibility of the provider and must be in compliance with all state and federal documentation and record retention requirements.

Level I and Level II Family Type must be licensed under Division of Social Service (131-D) as a Therapeutic Foster Homes in order to provide treatment to children and adolescents and under contract with the LME and credentialed by the Prepaid Inpatient Health Plan. Providers must ensure that therapeutic parents are specially trained and qualified and supervised to provide treatment interventions for children with mental health and substance abuse disorders.

**Practitioner Qualifications**

Qualified Professional (QP) means:

- (a) an individual who holds a license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession, except a registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing who also has four years of full-time accumulated experience in MH/DD/SAS with the population served. The Licensed Qualified Professional will be a Licensed Professional (LP) holding a valid license issued by the governing board regulating a human service profession in the State of North Carolina. Individuals licensed as a Clinical Addiction Specialist, Clinical Social Worker, Marriage and Family Therapist, Professional Counselor, Psychiatrist, or Psychologist. The specific requirements for each of the above licensed professionals are listed below.
- Licensed Clinical Addiction Specialist means an individual who is licensed as such by the North Carolina substance abuse professional practice board.
  - Licensed Clinical Social Worker means a social worker who is licensed as such by the N.C. Social Work Certification and Licensure Board.
  - Licensed marriage and family therapist means an individual who is licensed as such by the North Carolina Marriage and Family Licensing Board.
  - Licensed Professional Counselor (LPC) means a counselor who is licensed as such by the North Carolina Board of Licensed Professional Counselors.
  - Psychiatrist means an individual who is licensed to practice medicine in the State of North Carolina and who has completed a training program in psychiatry accredited by the Accreditation Council for Graduate Medical Education.
  - Psychologist means an individual who is licensed to practice psychology in the State of North Carolina as either a licensed psychologist or a licensed psychological associate, or

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13. d. Behavioral Health Rehabilitative Services (continued)

If not licensed, the Qualified Professional (QP) will be:

- (b) a graduate of a college or university with a Masters 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
- (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 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/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 Masters 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 abuse 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 abuse 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 abuse professional with less than four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse 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

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) means an individual who, 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 the population served. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually.

Therapeutic Parents mean specially trained individuals who are licensed under NC GS 131-D and 10A NCAC 70E as therapeutic foster parents and who meet all criteria including demonstrating the ability to provide a therapeutic family setting for children and adolescents with diagnosed mental health, substance abuse and behavioral disorders; having a high school diploma and being at least 21 years of age The training for therapeutic foster care is over and beyond that of regular foster parents.

Therapeutic parents shall have at least 60 minutes of supervision, including support and technical assistance in carrying out the treatment plan, by a qualified professional on a weekly basis for each child placed in the foster home. Therapeutic Parents providing treatment to children/youth with substance abuse treatment needs shall receive supervision from a qualified substance abuse professional.

Therapeutic Parents are required to receive training in addition to that required of licensed foster parents. In addition to training of all foster parents therapeutic parent applicants shall also 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.

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13. d. Behavioral Health Rehabilitative Services (continued)

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

When the child or adolescent requires treatment for abuse, reactive, sexually reactive and sexual offender behaviors, specific treatment 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 qualified professional with sex offender-specific treatment expertise. When the child or adolescent requires treatment for substance abuse, specific treatment shall be identified in his/her person-centered plan. Training and supervision of therapeutic foster parents are required in all aspects of substance abuse and shall be made available by a provider who meets the requirements specified for a qualified professional or associate professional for substance abuse.

**Supervision:**

Medically necessary services delivered by associate and paraprofessionals are delivered under the supervision and direction of a qualified professional. The qualified professional personally works with beneficiaries and their family to develop the person centered individualized treatment 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 qualified 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 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.

**Level I. Family Type Service:**

**Description:**

Level I Family Type rehabilitative service provides a low to moderate structured and therapeutic level of care in a family setting designed to provide rehabilitative interventions for children with behavioral mental health or substance abuse problems.

When psychiatric assessment, individual therapy, medication management or other outpatient therapies or other rehabilitative services are medically necessary, these services are not included in Level I Family Type service. Outpatient services are delivered by licensed practitioners of the healing arts enrolled as individual providers and reimbursed on a fee for services basis

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13. d. Behavioral Health Rehabilitative Services (continued)

**Entrance Criteria:**

- Children or adolescents must have a primary diagnosis of mental illness or emotional disturbance or a co-occurring disorder; and experience:
- Frequent verbal aggression or infrequent, mild physical aggression, which may be directed toward property or occasionally to self or others;
- Functional problems in school or vocational setting or other community setting as evidenced by:
  - imminent risk of failure in school or vocational setting, or
  - frequent behavioral problems in school or vocational setting, or
  - frequent difficulty in maintaining appropriate conduct in community settings, or
- Consistent difficulties accepting age appropriate direction and supervision in significant areas from caretakers or family members.

**Staffing requirements:**

Licensed and specially trained therapeutic parents are the primary providers of treatment interventions, working under the supervision of a qualified professional.

**Services:**

The services provided in Level I are rehabilitative interventions and delivered by therapeutic parents, under the clinical guidance of a qualified professional and in accordance with an individualized rehabilitative treatment plan and include:

Implementation of in-home treatment strategies specified in a treatment plan which include the following as indicated by the child's individualized needs:

- a) Behavioral interventions for mildly disruptive behaviors, such as kicking and slamming doors; verbal aggression and infrequent physical aggression causing minor property damage, yelling at adults, including teachers, spitting and hitting peers; interventions include redirection, token level systems, contracts and structured behavioral plans.
- b) Providing support/therapeutic supervision for person centered activities in areas of need that are identified in the rehabilitative treatment plan
- c) Assistance with community integration activities, and stress management.
- d) Mentoring and modeling appropriate family and social interaction,
- e) Providing positive reinforcement when indicated, at least daily,
- f) Minimal assistance with psycho educational activities to facilitate development of age appropriate skills in the following areas of deficiency due to the mental health or emotional disorder:
  1. daily living skills,
  2. anger management ,
  3. family living skills and
  4. communication skills, ie learning to verbalized rather than act out feelings.

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13. d. Behavioral Health Rehabilitative Services (continued)

- Assisting the beneficiary in maintaining and enhancing relationships with families and significant others, as needed.
- Supporting efforts specified in the treatment plan to meet the recipient's discharge planning goals
- Providing input, based on their observations of the strengths and needs of the beneficiary, in the development and revision of the treatment plan.

**Utilization review**

The Level I Family Type service, comprised of the rehabilitative services listed above, is prior authorized by the contracted utilization review vendor or Prepaid Inpatient Health Plan

**Level II, Family Type Service**

**Description**

Level II provides rehabilitative services in a moderate to more highly structured level of care in therapeutic family setting with one or two beneficiaries per home. The children or adolescents meeting this level of care are assessed as having more significant behavioral, functional and risk factors due to behaviors and symptoms of their diagnosis (es) than a child in a level I Family Type. There is a need for a higher level of, and more frequent, interventions required for the child to function or work towards improved functioning and attaining goals as included in the individualized rehabilitative plan.

When psychiatric assessment, individual therapy, medication management or other outpatient therapies or other rehabilitative services are medically necessary, these services are not included in Level I Family Type service. Outpatient services are delivered by licensed practitioners of the healing arts enrolled as individual providers and reimbursed on a fee for services basis

**Entrance Criteria:**

Children or adolescents must have a primary diagnosis of mental illness or emotional disturbance or a co-occurring disorder.

**Beneficiaries requiring this service experience one or more of following:**

- Frequent and seriously disruptive verbal aggression and/or frequent and moderate property damage and/or occasional, moderate aggression toward self and/or others.
- Moderate to more serious functional problems in school or vocational setting or other community setting as evidenced by:
  - failure in school or vocational setting, or
  - frequent and serious disruptive behavior problems in school or vocational setting, or

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13. d. Behavioral Health Rehabilitative Services (continued)

- frequent and serious difficulty in maintaining appropriate conduct in community setting, or
- consistent inability to accept age appropriate direction and supervision, in significant areas, from caretakers or family members.
- Limitations in ability to independently access or participate in other services and lack of support from family or other significant adults to provide active support and supervision to stay involved in other services.
- Deficits in ability to manage personal health, welfare, and safety without intense support and supervision that is unavailable in the child's current setting.
- For recipients identified with or at risk for inappropriate sexual behavior:
  - at least one (1) incident of inappropriate sexual behavior and the risk for offending/re-offending is low to moderate, or
  - low to moderate risk for sexual victimizing, or
  - deficits that put the community at risk unless specifically treated for sexual aggression problems.
  - A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and a Checklist for Risk Assessment of Adolescent Sex Offenders.

Staffing Requirements

Licensed and specially trained therapeutic parents are the primary treatment providers, under supervision of a qualified professional.

Services Provided:

This service in the settings includes the following rehabilitative activities delivered by therapeutic parents in accordance with an individualized rehabilitative treatment plan:

- (1) implementation of the in-home treatment strategies specified in a treatment plan which include, as indicated by the child's individualized needs:
  - A higher frequency of behavioral interventions required for moderately to serious disruptive behaviors including some aggression and minor property damage including redirection, token level systems, contracts and structured behavioral plans,
  - Providing increased and more frequent direct staff support and therapeutic supervision in needed areas identified in the rehabilitative treatment plan,
  - Providing ongoing assistance with age appropriate community integration activities, such as any interaction with peers, others in the home,
  - Mentoring and modeling appropriate family and social interaction,
  - Providing frequent positive reinforcement for appropriate behavior and therapeutic gains,

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13. d. Behavioral Health Rehabilitative Services (continued)

- Providing on an ongoing basis, several times daily or as indicated by the needs of the beneficiaries, therapeutic interventions and guidance in the acquisition of age appropriate skills in the following areas of deficiency due to the mental health or emotional disorder, as specified in the rehabilitative treatment plan:
  - social interaction
  - daily living skills,
  - anger management skills ,
  - family living skills and
  - communication skills, i.e. learning to verbalized rather than act out feelings.
- Crisis management including de-escalation interventions
- Assisting the beneficiary in maintaining and enhancing relationships with families and significant others.
- Supporting efforts specified by the treatment plan to meet the recipient's discharge planning goals
- Providing input based on their observations in the development and revision of the treatment plan based on needs and progress of the beneficiary;

**Utilizations Review**

The Level II Family Type service, comprised of rehabilitative activities listed above, is prior authorized by the contracted utilization review vendor or Prepaid Inpatient Health Plan as medically necessary.

**Level II, Program Type Service**

**Description**

Level II Program Type service is provided in a structured program setting with qualified staff that provides rehabilitative interventions at a moderate to higher intensity than provided in Level I, and in a therapeutic environment for children and adolescents who require admission into a group residential treatment setting. There is a higher level of, and more frequent, provision of rehabilitative interventions and structure required for the child to function or work towards functioning and attaining goals as included in the individualized rehabilitative plan.

When psychiatric assessment, individual therapy, medication management or other outpatient therapies or additional rehabilitative services are medically necessary, these services are not included in Level I Family Type service. Outpatient services are delivered by licensed practitioners of the healing arts enrolled as individual providers and reimbursed on a fee for services basis

**Entrance criteria**

Entrance criteria for Level II, Program Type setting are the same as those for Level II, Family Type service; however the child or adolescent requires a group setting rather than placement in a family setting due to child or adolescent's inability to accept another family setting; a child or adolescent's developmental needs, such as being in late adolescence and working towards more independence, and the need for availability of additional 24/7 on call staff.

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13. d. Behavioral Health Rehabilitative Services (continued)

Staffing requirements for Level II Program Type:

- Each facility shall have a 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.
- A qualified professional is available on call
  - Services provided: guidance and technical assistance to the direct care staff in providing treatment interventions for the children; and
  - Clinical consultation shall be provided by a qualified mental health professional to each facility at least twice a month.
- Psychiatric consultation shall be available as needed for each client.
- Direct care staff requirements At least one direct care staff shall be present with every four children or adolescents. If children or adolescents are cared for in separate buildings, the ratios shall apply to each building. Direct care staff requirements for Level II Program Type is a paraprofessional with high school education/GED or an associate degree with one year experience; or a four-year degree in the human service field; and / or must meet requirements established by the state personnel system or equivalent for job classifications.
- When two or more children and adolescents are in the facility, an emergency on-call staff shall be readily available by telephone or page and be able to reach the facility within 30 minutes.

**Services provided:** This rehabilitative service is provided by direct care staff, under supervision of a Master's level qualified professional or a Bachelor Level with experience in the field, and includes:

1. Frequent behavioral interventions for moderately to more serious disruptive behaviors to support the child or adolescent in reaching an age appropriate functional level that will allow him/her to return home or to a therapeutic home setting.
2. Providing increased and more frequent therapeutic support/therapeutic supervision in needed areas identified in the rehabilitative treatment plan,
3. Psychosocial treatment interventions focused on increasing communication, self-management, social and recreational skills.
4. Individualized and intense therapeutic supervision of daily living designed to minimize the occurrence of behaviors related to functional deficits to promote both optimal functioning and safety.
5. Facilitation of community integration on an ongoing basis for children and adolescents receiving this service including participation in day treatment programs, community based jobs and other pro-social activities.
6. Providing on an ongoing basis and as indicated by the needs of the beneficiaries, therapeutic interventions and guidance in the acquisition of age appropriate skills in the following areas of deficiency due to the mental health or emotional disorder, as specified in the rehabilitative treatment plan:

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13. d. Behavioral Health Rehabilitative Services (continued)

- a. social interaction
  - b. daily living skills,
  - c. anger management skills ,
  - d. family living skills and
  - e. communication skills, ie learning to verbalized rather than act out feelings.
7. Crisis management including de-escalation interventions
  8. Assisting the beneficiary in maintaining and enhancing relationships with families and significant others.
  9. Supporting efforts specified by the treatment plan to meet the recipient's discharge planning goals
  10. providing input based on their observations in the development and revision of the treatment plan based on needs and progress of the beneficiary;

**Utilizations Review**

The Level II Family Type service, comprised of the rehabilitative interventions listed above, is prior authorized by the contracted utilization review vendor or Prepaid Inpatient Health Plan as medically necessary.

**Level III - Program Type Service**

**Description**

Level III is a service that provides rehabilitative interventions at a high intensity and frequency in a highly structured and therapeutically supervised a therapeutic program setting only. All service rehabilitative interventions provided in Family/Program-Type Services (Levels I, II) are provided with more intensified structure, supervision, and containment of frequent and highly inappropriate behavior. Level III offers programmatic structure with specific interventions to address the most complex behavioral and or substance abuse needs in an unlocked level of care. Interventions focus on replacing grossly inappropriate behaviors with intense skill acquisition. It includes specialized on site interventions from qualified professionals. This service is "staff secure": Staff is present and available at all times of the day, including overnight awake.

Residential treatment staff coordinates mental health treatment and services with the child's or adolescent's parents, guardians, other significant individuals and agencies within the child's or adolescent's system of care. Staff is also responsible for coordinating with the local educational agency, to ensure that the child's educational needs are being met as identified in the child's education plan and treatment plan. Generally, children/adolescents will attend public school. Medicaid does not reimburse for educational expenditures.

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13. d. Behavioral Health Rehabilitative Services (continued)

When psychiatric assessment, medication management, highly specialized outpatient services or other rehabilitative services are medically necessary, these services are not covered in Level III Program Type. Outpatient services are delivered by licensed practitioners of the healing arts enrolled as individual providers and reimbursed on a fee for services basis

**Eligibility Criteria:**

This service is designed for children and adolescents who have a primary diagnosis of mental illness, severe emotional disturbance or substance-related disorders, or have co-occurring disorders including developmental disabilities, and who require out of home treatment in a staff secure setting due to behaviors and symptoms related to their diagnosis or diagnoses. These children and adolescents present with serious to severe behavioral and/or emotional disorders as listed below and require more intensive supervision and structure than those children who can be safely treated in a Level II group or family setting as evidence by:

- Frequent physical aggression including severe property damage or moderate to severe aggression toward self or others or animals.
- Severe functional problems in school or vocational setting or other community setting as evidenced by:
  - failure in school or vocational setting because of frequent and severely disruptive behavioral problems, or
  - frequent and severely disruptive difficulty in maintaining appropriate conduct in community settings, or
  - severe and pervasive inability to accept age appropriate direction and supervision from caretakers or family members, coupled with involvement in potentially life-threatening, high-risk behaviors.
- Significant limitations in ability to independently access or participate in other human services and requires intensive, active support and supervision to stay involved in other services.
- Significant deficits in ability to manage personal health, welfare, and safety without intense support and supervision.
- For recipients identified with or at risk for inappropriate sexual behavior:
  - The parent/caregiver is unable to provide the supervision of the sex offender required for community safety.
  - Moderate to high-risk for re-offending.
  - Moderate to high-risk for sexually victimizing others.
  - Deficits that put the community at risk for victimization unless specifically treated for sexual aggression problems.
  - A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and a Checklist for Risk Assessment of Adolescent Sex Offenders.

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13. d. Behavioral Health Rehabilitative Services (continued)

Before a child can be admitted to A Level III, Program Type Service, one or more of the following shall apply:

- Placement shall be a step down from a higher level placement such as a psychiatric residential treatment facility or inpatient. Or
- Multisystemic therapy or intensive in-home therapy services have been unsuccessful. Or
- The Child and Family Team have reviewed all other alternatives and recommendations and recommend a Levels III Group through Level IV placement.

**Staffing Requirements for Level III, Program Type:**

A qualified professional Each facility shall have on staff a Qualified Professional with two years of direct client care experience who shall perform clinical and administrative functions for a minimum of 10 hours each week. For facilities with 6 or more beds, the qualified professional must perform these functions for no less than 32 hours per week. A qualified professional shall be on call and available by telephone or page at all times.

Services provided: provision of psycho-educational guidance to children and adolescents and their families, management and oversight of emergencies, participation in treatment planning and in the coordination of treatment plan implementation and care management.

- Licensed Professional who provides clinical oversight of treatment interventions, and clinical consultation in each group home for at least four hours a week; Services provided: providing clinical input into in child or adolescent's treatment plan development and review; involving the family members or other legally responsible person in the development of the treatment plan and interventions and in the discharge planning process in order to assure a smooth transition to home or a less restrictive setting. If indicated by the needs of a child or family may provide on site therapeutic interventions.
- Associate level professional Each facility shall have an associate level professional with the minimum requirements of a bachelor's degree who supervises paraprofessional staff and over sees day to day operations. Services Provided: providing a therapeutic environment including assistance to direct care staff and beneficiaries in carrying out individualized treatment plans and participation in service planning meetings with children and their families.

Direct care staffing requirements are: minimal requirement is a high school diploma/GED, associate degree with one year experience; or a four-year degree in the human service field and / or a combination of experience, skills, and competencies that is equivalent. Skills and competencies of this service provider must be at a level which offer psychoeducational relational support, and behavioral modeling interventions and supervision and / or must meet requirements established by the state personnel system or equivalent for job classifications.

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13. d. Behavioral Health Rehabilitative Services (continued)

- Services provided: Services are provided 24 hours, 7 days a week, each day of the year by program staff under the guidance and clinical oversight of the licensed, qualified and associate professionals and include:
  - Providing intensive individualized behavioral and therapeutic interventions and structure in a staff secure and supportive therapeutic milieu to maximize opportunities to improve the beneficiary's level of functioning.
  - Intensive staff support/supervision for person-directed and managed activities in all identified need areas:
  - Constant mentoring and modeling of appropriate problem solving and social interaction with staff, peers, teachers, and family members.
  - Constant and direct assistance with community integration activities.
  - Intensive level of therapeutic interventions for disruptive behaviors through redirection, token/level systems, contracts, structured behavior programming, and de-escalation techniques, etc
  - Direct and constant assisting the child or adolescent in the acquisition of adaptive functioning in self control, communication, social and recreational skills; and thereby minimizing the occurrence of behaviors related to functional deficits;
  - Ensuring safety and de-escalation of any occurrences of out of control behavior with crisis management, with or without physical restraint.
  - Supporting the child or adolescent in gaining the skills needed to return home or step-down to a less intensive treatment setting

Minimum Direct Care Staffing Requirements:

Two direct care staff shall be required when children are present and awake at the following ratios:

- 2 staff for 1 to 4 children/adolescents
- 3 staff for 5 to eight children/adolescents
- 4 staff for 9 to 12 children/adolescents

The minimum number of awake direct care staff during hours of sleep is as follows:

- Two staff for one to four children/adolescents
- Two staff for five to eight children/adolescents
- Three staff present, two of whom must be awake for nine to twelve children/adolescents
- More direct care staff shall be required in the group home based on the individual needs of the children and adolescents, as specified in the treatment plan.

Residential treatment staff coordinates mental health treatment and services with the child's or adolescent's parents, guardians, other significant individuals and agencies within the child's or adolescent's system of care. Staff is responsible for coordinating with the local educational agency to ensure that the child's educational needs are met as identified in the child's education plan and treatment plan. Generally, children/adolescents will attend public school. Medicaid does not reimburse for educational expenditures

Psychiatric consultation shall be available as needed for each child or adolescent and reimbursed on a fee for service basis, not included in Level III service.

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13. d. Behavioral Health Rehabilitative Services (continued)

**Utilizations Review:**

The Level III Program Type, comprised of services listed above, is prior authorized by the contracted utilization review vendor or Prepaid Inpatient Health Plan as medically necessary. A transition or discharge plan shall be submitted as part of the initial or concurrent request for these services;

Length of stay is anticipated to be up to 180 days. Additional days will 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.

**Level IV Program Type Service:**

**Description:**

Level IV Program Type is a rehabilitative service that provides the highest intensity of interventions and structure in a physically secure, locked environment in a group home setting. This service is designed to have the ability to manage intensive levels of aggressiveness. Supervision is continuous. Staff is present and available at all times of the day, including overnight awake.

When psychiatric assessment, medication management, highly specialized outpatient services or other rehabilitative services are medically necessary, these services are not covered in Level IV Program Type. These outpatient services are delivered by licensed practitioners of the healing arts enrolled as individual providers and reimbursed on a fee for services basis.

**Entrance Criteria:**

This rehabilitative service is designed for children and adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders, or have a co-occurring disorder including developmental disabilities, and who due to severe motional disturbances and severally disturbed behaviors cannot be maintained safely in the home and thereby require out of home treatment in an intensive, integrated locked setting to assure safety of self and/or others. Behaviors include:

- Frequent physical aggression including severe property damage or severe aggression toward self or others or animals;
- Severe functional problems in school or vocational setting or other community setting as evidenced by:
  - failure in school or vocational setting because of frequent and severely disruptive behavior problems in school or vocational setting including fighting, illicit use of drugs and alcohol, sexually aggressive behaviors; or
  - frequent and severely disruptive difficulty in maintaining appropriate conduct in community settings, including participating in gangs or other anti social behaviors; or
  - severe and pervasive inability to accept age appropriate direction and supervision from caretakers or family member's couple with involvement in potentially life-threatening, high-risk behaviors.

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13. d. Behavioral Health Rehabilitative Services (continued)

- Experiences significant limitations in ability to independently access or participate in other human services and requires intensive, active support and supervision to stay involved in other services.
- Have extensive deficits in ability to manage personal health, welfare, and safety without intense support and supervision.
- For consumers identified with or at risk for inappropriate sexual behavior;
  - The parent/caregiver is unable to provide the supervision of the sex offender required for community safety.
  - Moderate to high risk for re-offending.
  - Moderate to high risk for sexually victimizing others.
  - Deficits that put the community at risk for victimization unless specifically treated for sexual aggression problems.
  - A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and a Checklist for Risk Assessment of Adolescent Sex Offenders.

Before a child can be admitted to A Level IV Program Type Service, one or more of the following shall apply:

- Placement shall be a step down from a higher level placement such as a psychiatric residential treatment facility or inpatient. Or
  - Multisystemic therapy or intensive in-home therapy services have been unsuccessful. Or
  - The Child and Family Team have reviewed all other alternatives and recommendations and recommend a Levels III Group through Level IV placement.

Staffing Requirements:

- One full-time licensed professional Each group home facility must have at least one full-time licensed professional on staff. For substance abuse disorders, this shall include a Licensed Clinical Addiction Specialist or a Certified Clinical Supervisor. This staff provides clinical oversight of direct care staff and of clinical emergencies; 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.

Services provided ongoing assessment and treatment planning to address behaviors and symptoms related to the beneficiaries diagnosis and reason for admission into this restrictive level of care; may provide on site clinical therapeutic interventions as appropriate to the person's training and expertise and as specified in treatment plans; involving family members or other legally responsible person in the development of the clinical treatment plans, treatment and in discharge planning sessions in order to assure a smooth transition to home or a less restrictive setting; and providing access to specialized therapy services such as treatment for trauma, sexually aggressive or reactive behavior, self cutting.

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13. d. Behavioral Health Rehabilitative Services (continued)

- **Qualified Professional:** Each facility shall have, on staff, at least one full time qualified professional with two years of direct client care experience to perform both clinical and administrative functions for a minimum of 40 hours each week. A qualified professional shall be available by telephone or page and shall be able to reach the facility within 30 minutes. The qualified professional participates in treatment and discharge planning providing care management functions, and performing other duties including management of day to day operations of the group home; supervision of paraprofessionals regarding implementation of the treatment plans.

**Services Provided:** Psychosocial counseling of beneficiaries to support the development of symptom and behavioral self-management skills and coordination of mental health treatment and services with the child's or adolescent's parents, guardians, other significant individuals and agencies within the child's or adolescent's system of care.

- **Direct Care Staffing:** Provider qualifications for direct care staff are as follows: minimal requirement is a high school diploma / GED, associate degree with one year experience or a four-year degree in the human service field and / or a combination of experience, skills and competencies that is equivalent.

Two direct care staff shall be required when children are present and awake at the following ratios:

- Three direct care staff for up to six children/adolescents
- Four staff for seven to nine children/adolescents
- Five staff for nine to twelve children/adolescents

The minimum number of awake direct care staff during hours of sleep is as follows:

- Three staff present, two of whom must be awake for nine to twelve children/adolescents
- More direct care staff shall be required in the group home based on the individual needs of the children and adolescents, as specified in the treatment plan.

**Services provided:** Services are provided 24 hours, 7 days a week, and each day of the year by program staff under the guidance and clinical oversight of the licensed, qualified and associate professionals and include:

All services available in Level III, Program Type Services and

- Implementation of high intensity behavior plans and the most intensive and frequent successful reintegration into home or into a less intensive and restrictive community living setting;
- Constant therapeutic mentoring to facilitate involvement in age appropriate, productive activity, such as in peer relationships, school or work;
- Provision of intensive pre-planned crisis management to ensuring safety and de-escalation of any occurrences of out of control behavior, with or without physical restraint;

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13. d. Behavioral Health Rehabilitative Services (continued)

- Provision and maintenance of a therapeutic environment that is positive and safe from potentially harmful or destructive behaviors.
- Coordination of mental health treatment and services with the child's or adolescent's parents, guardians, other significant individuals and agencies within the child's or adolescent's system of care.

Educational services are provided in the facility and are arranged and designed to maintain the educational and intellectual development of the child or adolescent. Treatment staff will coordinate with the local educational agency to ensure that the child or adolescents needs are met as identified in the education plan. Medicaid does not reimburse for educational expenses.

Psychiatric consultation for beneficiaries in Level IV Program type shall be available as needed for each child or adolescent.

**Utilization Review:**

The Level IV Program Type service, comprised of the rehabilitative services listed above, is prior authorized by the contracted utilization review vendor or Prepaid Inpatient Health Plan as medically necessary.

Transition or discharge plan shall be submitted as part of the initial or concurrent request for these services.

Length of stay is anticipated to be up to 180 days. Additional days will 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.

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