

Supported Employment (Employment Specialist)

(b)(3) Waiver Service

H2023 U4 - Individual Supported Employment

H2026 U4 – Individual Supported Employment Maintenance (LTVS)

H2026 HQ U4 – Group Supported Employment Maintenance (LTVS – IDD Only)

Service

Supported Employment (SE) Services provide assistance with choosing, acquiring, and maintaining employment for individuals ages 16 and older for whom competitive employment has not been achieved and / or has been interrupted or intermittent.

The primary outcome of **SE** is competitive employment which is defined as a job that pays at least minimum wage, for which anyone can apply, and is not specifically set aside for people with disabilities. **SE** services must be provided in integrated work settings where the individual works alongside people who do not have disabilities or in a business owned by the individual.

SE does not occur in licensed community day programs or in licensed residential facilities as the place of service.

SE promotes North Carolina’s vision of Employment First: “Employment in the general workforce is the first and preferred outcome in the provision of publicly funded services for all citizens with disabilities regardless of level of disability, in a job of their choosing with supports and accommodations provided as necessary to achieve and maintain employment.”

Initial **SE** services include the following:

- ▲ Pre-job training / education
- ▲ Vocational assessment
- ▲ Career / educational counseling
- ▲ Job shadowing
- ▲ Assistance in the use of education resources
- ▲ Resume development training
- ▲ Job interview skills training
- ▲ Assistance in learning skills necessary for job retention
- ▲ Monitoring, supervision, assistance in job tasks, work adjustment training and counseling as needed to complete job training

Initial **SE** services may also include assisting the individual in the development and operation of a micro-enterprise or small business. This assistance includes:

- ▲ Aiding individual to identify potential business opportunities
- ▲ Assisting in the development of a business plan, including potential sources of business financing
- ▲ Identification of supports necessary for the individual to operate the business.

SE maintenance, often referred to as Long Term Vocational Support (LTVS), includes the following:

- ▲ Coaching and employment support activities that enable a individual to maintain employment
- Ongoing assistance, counseling and guidance for a individual who operates a micro- enterprise

- 🌱 Monitoring, supervision, assistance in job tasks, work adjustment training and counseling as needed to assist the individual in maintaining employment
- 🌱 Consulting with the employer to identify work related needs of the individual and proactively engage in supportive activities to address the problem or need.

SE includes transportation from the individual's residence and to the site of the **SE** service, among the **SE** sites if applicable, and back to the individual's place of residence. *For individuals who are eligible for educational services under the Individuals With Disability Educational Act (IDEA), **SE** does not include transportation to or from school settings. This includes transportation to and from the participant's home, provider home where the participant is receiving services before/after school or any community location where the participant may be receiving services before or after school.*

Collateral contacts and telephone calls to the individual are billable; however, 80% of contacts must be face-to-face with the individual receiving services. Face-to-face contacts may be subject to reasonable accommodation that are HIPAA compliant and are not intended to replace or decrease the frequency of face-to-face contact.

SE is a periodic service.

Group **SE** and **LTVS** are only available for individuals with **IDD** in alignment with the NC Innovations waiver. Group **SE** and **LTVS** do not align with the **IPS** model for **MH/SA**.

Provider Requirements

SE providers must meet the provider qualification policies, procedures and standards established by the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (**DMH/DD/SAS**), the requirements of 10A N.C.A.C 27G and NC G.S. 122C, and any competencies specified by the NC Division of Medical Assistance (**DMA**).

SE providers for programs for individuals with intellectual and/or developmental disabilities must meet all NC Innovations waiver provider requirements and be enrolled 1915(c) waiver providers.

SE providers for programs for individuals with Serious Mental Illness (**SMI**) must meet all fidelity provider requirements as outlined by the State for evidence-based practices for individuals with serious mental illness.

The State approved evidence based practice for individuals with **SMI** is **Individual Placement and Support (IPS)** and the **SE Fidelity Scale** developed by the Dartmouth Psychiatric Research Center and promoted by **SAMHA**. Information regarding the **IPS** model can be found on the Dartmouth website at:

- 🌱 https://ipsworks.org/wp-content/uploads/2017/08/ips-fidelity-manual-3rd-edition_2-4-16.pdf

All **SE** providers delivering services to individuals with **SMI** will participate in fidelity evaluation and services must be provided to fidelity per Transition to Community Living Initiative based on the Department of Justice Settlement agreement.

Staffing Requirements

SE staff must meet requirements as specified in 10A N.C.A.C. 27G 0104, and supervision of staff must be provided according to the supervision requirements specified in 10A N.C.A.C.

27G.0204.

SE staff must complete training specific to the required components of the SE/ES definition within 90 days of employment. This includes, but is not limited to:

- ▲ CPR / First Aid
- ▲ Client Rights
- ▲ Confidentiality / HIPAA
- ▲ Crisis Intervention
- ▲ Training specific to the individual needs of the individual

For individuals with SMI, SE is provided in a team structure per the IPS fidelity scale organizational item 4, therefore staffing must be adequate to ensure fidelity and consistency with state-funded services. Supervisors should be full-time, dedicated to this program and meet QP status.

Populations Eligible

Individuals age 16 and older who are not otherwise eligible for service under a program funded under the Rehabilitation Act of 1973 or P.L. and meet one of the following criteria:

1. Individuals with an intellectual and/or developmental disability who are functionally eligible for the Innovations waiver but not enrolled in the Innovations waiver
OR
2. Individuals with serious mental illness who are clinically appropriate for Supported Employment.

Utilization Management

Supported Employment, Initial – A maximum of eighty-six hours (344 units) per month for the first 90 days of services for initial job development, training and support.

Supported Employment, Individual – A maximum of 43 hours (172 units) per month for the second 90 days of services for intermediate training and support.

Long Term Vocational Support – A maximum of 10 hours (40 units) per month. Specific authorization must be obtained to exceed these limits.

Service Orders

A service order is required for this service. The Treatment Plan serves as a service order for individuals with an intellectual or developmental disability who are functionally eligible for, but are not enrolled in, the Innovations waiver.

Continued Stay Criteria

The individual continues to meet the eligibility criteria, and meets at least one of the following criteria:

1. The individual requires this service to maintain community employment
2. The individual has obtained employment and needs additional support to develop work related skills
3. The individual needs support or training to change jobs, increase hours or otherwise advance in their career
4. The individual needs support in managing benefits such as Social Security, Ticket to Work, etc.

Discharge Criteria

The criteria for discharge include one or more of the following:

1. The individual can maintain employment without assistance
 2. The individual has requested discharge or expresses a decision not to work
 3. The individual no longer meets criteria for the service
 4. The individual has not achieved treatment goals despite documented efforts
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Documentation Requirements

A daily full service note or grid that meets the criteria specified in the DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) is required. The DMH/DD/SAS Records Management and Documentation Manual can be found at:

- 🌱 <https://www.ncdhhs.gov/divisions/mhddsas/reports/records-management-and-documentation-manual-rmdm>
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Service Exclusions

Total expenditures on **SE** cannot exceed the 1915(b)(3) resources available in the waiver.

SE may not be provided if the service is otherwise available under a program funded under the Rehabilitation Act of 1973, P.L. 94-142, or under the Individuals with Disabilities Education Act, 20 U.S.C. 1401 et seq.). For individuals with SMI per the IPS model, an individual may be open with the Division of Vocational Rehabilitation (VR) at the same time he or she is open with an **SE** provider. At no time should a provider bill both VR and the LME/MCO at the same time for the same person. Medicaid is always the payer of last resort.

Individuals on the Innovations waiver are not eligible for **SE** (b)(3) funded services.

SE may not be provided during the same time / at the same place as any other direct support Medicaid service.

SE may not be provided during the same authorization period as Assertive Community Treatment (ACT).

SE may not be provided to children ages 16 up to 21 who reside in a Medicaid funded group residential treatment facility.

SE may not be provided to individuals living in an ICF-IID.

Federal Financial Participation (FFP) is not to be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for training that are not directly related to a beneficiary's supported employment program.

While it is not prohibited to both employ a beneficiary and provide services to that same beneficiary, the use of Medicaid funds to pay for **SE** to providers that are subsidizing their participation in providing this service is not allowed.

The following types of situations are indicative of a provider subsidizing its participation in **SE**:

1. The job/position would not exist if the provider agency was not being paid to provide the service;
2. The job/position would end if the beneficiary chose a different provider agency to provide the service;
3. The hours of employment have a one to one correlation with the amount of hours the services are authorized.

SE may not be provided by family members.

For individuals who are eligible for educational services under the Individuals With Disability Educational Act (IDEA), **SE** does not include transportation to or from school settings. This includes transportation to and from the participant's home, provider home where the participant is receiving services before/after school or any community location where the participant may be receiving services before or after school.

Community Guide (b)(3) Waiver Service T2041 U4 – Community Guide

Service

Community Guide services provide support to beneficiaries and planning teams that assist beneficiaries in developing social networks and connections within local communities. The purpose of this service is to promote self-determination, increase independence and enhance the beneficiary's ability to interact with and contribute to his or her local community. **Community Guide** services emphasize, promote and coordinate the use of natural and generic supports (unpaid) to address the beneficiary's needs in addition to paid services.

Community Guide services are intermittent and fade as community connections develop and skills increase. **Community Guides** assist and support (rather than direct and manage) the beneficiary throughout the service delivery process. **Community Guide** services are intended to enhance, not replace, existing natural and community resources.

Specific functions are:

1. Assistance in forming and sustaining a full range of relationships with natural and community supports that allows the beneficiary meaningful community integration and inclusion.
2. Support to develop social networks with community organizations to increase the beneficiary's opportunity to expand valued social relationships and build connections within the beneficiary's local community.
3. Assistance in locating and accessing non-Medicaid community supports and resources that are related to achieving service plan outcomes; this includes social and educational resources, as well as natural supports.
4. Instruction and counseling which guides the beneficiary in problem solving and decision making.
5. Advocacy and collaboration with other individuals and organizations on behalf of the beneficiary.
6. Supporting the person in preparing, participating in and implementing plans of any type (e.g. IEP, ISP, service plan, etc.).
7. Assistance in locating options for renting or purchasing a personal residence, assisting with purchasing furnishings for the personal residence

Provider Requirements

Providers of **Community Guide** must meet all NC Innovations waiver provider requirements. These requirements are as follows:

- 🌱 Approved as a provider in LME-MCO provider network
- 🌱 Are at least 18 years old
- 🌱 If providing transportation, have a valid NC or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance
- 🌱 Criminal background check presents no health or safety risk to participant
- 🌱 Not listed in the NC Health Care Abuse Registry
- 🌱 Staff that work with participants must be qualified in CPR and first aid
- 🌱 Staff that work with participants must have a high school diploma or GED

- 🌱 Staff that work with participants must be qualified in the customized needs of the participant as described in the service plan
- 🌱 Paraprofessionals providing this service must be supervised by a qualified professional.
- 🌱 Supervision must be provided according to supervision requirements specified in 10A NCAC 27G .0204 and according to licensure or certification requirements of the appropriate discipline
- 🌱 Must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the LME-MCO. This includes national accreditation within the prescribed timeframe
- 🌱 Meets **Community Guide** competencies specified by the LME-MCO
- 🌱 Must meet applicable requirements of NC G.S. 122C (the Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985).

Populations Eligible

Children ages 3 – 21 and adults who are functionally eligible for, but not enrolled in, the NC Innovations 1915(c) waiver program.

Service Orders

The service plan serves as the service order for **Community Guide**.

Continued Stay Criteria

The individual continues to meet the eligibility requirements for **Community Guide** and service goals have not yet been achieved.

Discharge Criteria

The individual no longer meets the eligibility criteria for this service or has met service goals as related to this service or has expressed a desire to be discharged.

Documentation Requirements

A daily full service note or grid that meets the criteria specified in the DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) is required. The DMH/DD/SAS Records Management and Documentation Manual can be found at:

<http://www.ncdhhs.gov/mhddsas/statspublications/Manuals/rmdmanual-final.pdf>

Service Exclusions

Total expenditures on **Community Guide** cannot exceed the 1915(b)(3) resources available in the waiver.

Community Guide does not duplicate Care Coordination.

Community Guide may not be provided by family members.

Respite

(b)(3) Waiver Service

H0045 U4 – Individual Respite

H0045 HQ U4 – Group Respite

Service

Respite services provide periodic support and relief to the primary caregiver(s) from the responsibility and stress of caring for children ages three (3) to twenty-one (21) with mental health, developmental disabilities or substance use/addiction service needs, and for adults 21 and over with developmental disabilities. Persons receiving this service must live in a non-licensed setting, with non-paid caregiver(s). This service enables the primary caregiver(s) to meet or participate in planned or emergency events, and to have planned time for him/her and/or family members. **Respite** may be utilized during school hours for sickness or injury. **Respite** may include in and out-of-home services, inclusive of overnight, weekend care, or emergency care (family emergency based, not to include out of home crisis). **Respite** may be provided in an individual or group setting. The primary caregiver is the person principally responsible for the care and supervision of the beneficiary and must maintain his/her primary residence at the same address as the beneficiary.

Respite is a periodic service.

Respite may be provider directed or beneficiary/family directed.

Provider Requirements

Respite services must be delivered by staff employed by a MH/IDD/SA provider organization that meets the provider qualification policies, procedures, and standards established by Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the requirements of 10A N.C.A.C. 27G and NC G.S. 122C; providers must meet all NC Innovations Waiver provider requirements and be enrolled as a 1915(c) waiver provider if they serve beneficiaries with developmental disabilities; and providers must meet any competencies specified by the NC Division of Medical Assistance (DMA).

Provider Agencies who operate private respite homes are subject to licensure under NC G.S. 122C, Article 2 when: more than two individuals are served concurrently, or either one of two children, two adults, or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month. Provider Agencies, facility based and in-home services are also subject to NC G.S. 122C.

Staffing Requirements

All Associate Professionals (AP) and Paraprofessional level persons who meet the requirements specified for Associated Professional and Paraprofessional status according to 10 N.C.A.C. 27G 0104 may provide **Respite**.

All Associate Professionals (AP) and Paraprofessional level staff must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements set forth in 10A N.C.A.C. 27G .0204. All staff providing **Respite** services to children and/or adults must complete training specific to the required components of the respite definition within ninety (90) days of employment.

The competency based training should include but not limited to the following:

- 🌱 Diagnosis and clinical issues regarding the population served
- 🌱 Client Rights
- 🌱 Confidentiality/HIPPACPR/ First Aid/Seizure Management
- 🌱 Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual and as appropriate for the individual
- 🌱 Protective Devices/Usage as appropriate for the individual
- 🌱 Cultural Diversity/Awareness
- 🌱 Child Development
- 🌱 Medication Administration as appropriate for the individual

Populations Eligible

Children ages 3-21 (not living in a child psychiatric residential treatment facility (PRTF)) and adults who are functionally eligible but not enrolled in the NC Innovations 1915(c) Waiver program.

Children ages 3-21 who are not functionally eligible for the NC Innovations Waiver program but require continuous supervision due to a mental health (Axis I or II) diagnosis (CALOCUS level III or greater) or substance abuse diagnosis (American Society of Addiction Medicine (ASAM) criteria of II.1 or greater).

Children ages 3-21 and adults with a developmental disability diagnosis.

Utilization Management

A maximum of 64 units (16 hours a day) can be provided in a 24-hour period. No more than 1,536 units (384 hours or 24 days) can be provided to an individual in a calendar year unless specific authorization for exceeding this limit is approved.

Service Orders

A service order is required for this service.

Continued Stay Criteria

- 🌱 The primary caregiver continues to need temporary relief from caregiving responsibilities of the child with mental health, substance abuse or developmental disabilities or an adult with developmental disabilities
- 🌱 The adult with developmental disabilities has limitations in adaptive skills that require supervision in the absence of the primary caregiver
- 🌱 For all of the above there are not other natural resources and supports available to the primary caregiver to provide the necessary relief or substitute care.

Discharge Criteria

Respite is no longer identified within the Individual Support Plan or Service Plan; sufficient natural family supports have been identified to meet the need of the caregiver. The child or adult moves to a residential setting that has paid caregivers.

Documentation Requirements

A daily full service note that meets the criteria specified in the DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) is required. The DMH/DD/SAS Records Management and Documentation Manual can be found at:

<http://www.ncdhhs.gov/mhddsas/statspublications/Manuals/rmdmanual-final.pdf>

Service Exclusions

Total expenditures for **Respite** cannot exceed the 1915(b)(3) resources available in the waiver. Individuals on the Innovations waiver are not eligible for **Respite** (b)(3) funded services. **Respite** may not be provided by family members.

This service may not be used as a daily service in individual support. This service is not available to beneficiaries who receive Residential Supports and/or those who live in licensed residential settings or Alternative Family Living Homes. Staff sleep time is not reimbursable. **Respite** services are only provided for the beneficiary. **Respite** care is not provided by any beneficiary who resides in the beneficiary's primary place of residence. For beneficiaries who are eligible for educational services under Individuals With Disability Educational Act, **Respite** does not include transportation to/from school settings. This includes transportation to/from beneficiary's home, provider home where the beneficiary is receiving services before/after school or any community location where the beneficiary may be receiving services before or after school. **Respite** may not be used for beneficiaries who are living alone or with a roommate; staff sleep time is not reimbursable.

This service is not available at the same time of day as Community Networking, Day Supports, In-Home Intensive Supports, In-Home Skill Building, Personal Care, Supported Employment or one of the State Plan Medicaid Services that works directly with the person such as Private Duty Nursing and behavioral health services such as Intensive In- Home (IIH), Multisystemic Therapy (MST), Outpatient therapy, Day Treatment, etc.

Individual Support (Personal Care) (b)(3) Waiver Service T1019 U4 – Individual Support

Service

Individual Support is a “hands-on” service for persons with Serious and Persistent Mental Illness (SPMI). The intent of the service is to teach and assist individuals in carrying out Instrumental Activities of Daily Living (IADLs), such as preparing meals, managing medicines, grocery shopping and managing money, so they can live independently in the community. The goal is that the need for this service will fade or decrease over time as the individual becomes capable of performing some of these activities more independently.

Individual Support interventions must be based on the *Psychiatric Rehabilitation and Recovery* model ([Http://cpr.bu.edu/](http://cpr.bu.edu/)). The goal of psychiatric rehabilitation is to help people with serious and persistent mental illness develop the skills needed to live, learn and work in the community with the least amount of professional support possible.

Individual Support uses the basic *Tenancy Support* within the *Permanent Supportive Housing* model, per the toolkit through SAMHSA, to help individuals chose their home, learn skills to maintain their home, and ensure long term housing retention in the community with the same rights and responsibilities as everyone else.

Individual Support is a direct, one-on-one service. Individuals may receive this service up to 90 days prior to transitioning into independent housing. This would include individuals who live in private homes, licensed group homes, adult care homes and hospitals. Individuals who live in independent housing may receive this service with a plan to fade or decrease services over time.

Individual Support is a periodic service.

Provider Requirements

Individual Support is a mental health service and is delivered by mental health providers. Providers must meet the provider qualification policies, procedures and standards established by the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), the requirements of 10A N.C.A.C 27G and NC G.S. 122C, and any competencies specified by the NC Division of Medical Assistance (DMA).

Staffing Requirements

Individual Support staff must meet requirements as specified in 10A N.C.A.C. 27G 0104, and supervision of staff must be provided according to the supervision requirements specified in 10A N.C.A.C. 27G.0204.

Individual Support staff must complete a minimum of 20 hours of initial training specific to the required components of the **Individual Support** definition within 90 days of employment. This includes, but is not limited to:

- ▲ CPR / First Aid
- ▲ Client Rights
- ▲ Confidentiality / HIPAA
- ▲ Crisis Intervention and Management
- ▲ Training specific to the individual needs of the individual

Populations Eligible

Adults ages 18 and older with a diagnosis of SPMI and a LOCUS level of II or greater. Individuals between the ages of 18 and 21 may not live in a Medicaid-funded group residential treatment facility.

Utilization Management

Units are provided in 15 minute increments. No more than 240 units per month (60 hours per month) of **Individual Support** may be provided.

Specific authorization must be obtained to exceed these limits.

Service Orders

A service order is required for this service.

Continued Stay Criteria

The individual continues to meet the eligibility requirements for this service and treatment goals have not yet been achieved. Services and interventions must be reviewed for effectiveness, and interventions should be modified if necessary so that the individual makes greater progress.

Discharge Criteria

The criteria for discharge include one or more of the following:

1. The individual has developed skills to function independently in the community
2. The individual has been connected with natural supports in the community and no longer requires this formal support service
3. The individual has requested discharge
4. The individual no longer meets criteria for the service
5. The individual has not achieved treatment goals despite documented efforts

Documentation Requirements

A daily full service note or grid that meets the criteria specified in the DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) is required. The DMH/DD/SAS Records Management and Documentation Manual can be found at:

<http://www.ncdhhs.gov/mhddsas/statspublications/Manuals/rmdmanual-final.pdf>

Service Exclusions

Total expenditures on **Individual Support** cannot exceed the 1915(b)(3) resources available in the waiver.

Individual Support may not be provided if the service is otherwise available under a program funded under the Rehabilitation Act of 1973, P.L. 94-142, or under the Individuals with Disabilities Education Act, 20 U.S.C. 1401 et seq.

Individuals on the Innovations waiver are not eligible for **Individual Support** (b)(3) funded services.

Individual Support may not be provided during the same time / at the same place as any other direct support Medicaid service.

Personal Care / Individual Support may not be provided during the same authorization period as ACT.

Personal Care / Individual Support may not be provided to children ages 16 up to 21 who reside in a Medicaid funded group residential treatment facility.

Personal Care / Individual Support may not be provided by family members.

Physician Consultation

(b)(3) Waiver Service

99241 U4 – Physician Consultation, Brief

99242 U4 – Physician Consultation, Intermediate

99244U4 – Physician Consultation, Extensive

Service

Physician Consultation services provide an avenue for communication between a primary care provider and a psychiatrist for a patient specific consultation that is medically necessary for the medical management of psychiatric conditions by the primary care provider.

Physician Consultation is provided at three different levels as follows:

- ▲ **Brief** – Simple or brief communication to report tests and/or lab results, clarify or alter previous instructions, integrate new information into the medical treatment plan or adjust therapy or medication regimen. This level is typically provided in 15 minute increments.
- ▲ **Intermediate** – Intermediate level of communication between the psychiatrist and the primary care provider to coordinate medical management of a new problem in an established patient, evaluate new information and details and/or initiate a new plan of care, therapy or medication. This does not require face-to-face assessment of the patient. This level is typically provided in 16 – 30 minute increments.
- ▲ **Extensive** – Complex or lengthy communication, such as prolonged discussion between the psychiatrist and the primary care provider regarding a seriously ill patient, lengthy communication needed to consider lab results, response to treatment, current symptoms or presenting problems. Staffing of cases between psychiatrist and primary care provider considers evaluation findings and discuss treatment recommendations, including medication regimen. This level is typically provided in 31 – 60 minute increments.

Program Requirements

Physician Consultation is delivered by Psychiatrists who are contracted with and credentialed by the LME-MCO. Providers must meet the qualification policies, procedures and standards established by the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). Providers must also meet the requirements of 10A NCAC 27G.

Staffing Requirements

Physician Consultation is provided by a primary care physician or a board certified adult or child psychiatrist. Providers of this service must hold a current license in the State of North Carolina.

Populations Eligible

Individuals must be under the care of a primary care provider and require consultation between a psychiatrist and the primary care provider for appropriate medical or mental health treatment.

Individuals must also meet one of the following criteria:

- 🌱 Adult ages 18 and older with Serious Mental Illness (SMI) and/or Severe and Persistent Mental Illness (SPMI) and a LOCUS level of 0 (basic level) or greater
- 🌱 Children ages 3 – 21 with Serious Emotional Disturbance (SED) and a CALOCUS level of 0 (basic level) or greater.

Utilization Management

This service does not require prior approval. Justification, including the amount, duration and frequency of the service must be included in the Individual Support Plan for person's using Innovations waiver services or the Person Centered Plan / Treatment Plan for individuals with SMI / SPMI.

Brief – Simple or brief communication to report tests and/or lab results, clarify or alter previous instructions, integrate new information into the medical treatment plan or adjust therapy or medication regimen. This level is typically provided in 15 minute increments.

Intermediate – Intermediate level of communication between the psychiatrist and the primary care provider to coordinate medical management of a new problem in an established patient, evaluate new information and details and/or initiate a new plan of care, therapy or medication. This does not require face-to-face assessment of the patient. This level is typically provided in 16 – 30 minute increments.

Extensive – Complex or lengthy communication, such as prolonged discussion between the psychiatrist and the primary care provider regarding a seriously ill patient, lengthy communication needed to consider lab results, response to treatment, current symptoms or presenting problems. Staffing of cases between psychiatrist and primary care provider considers evaluation findings and discuss treatment recommendations, including medication regimen. This level is typically provided in 31 – 60 minute increments.

Service Orders

Not required

Continued Stay Criteria

The individual continues to meet eligibility criteria and continues to require the service.

Discharge Criteria

The primary care provider no longer needs to consult with the psychiatrist about the individual's psychiatric needs.

Documentation Requirements

A daily full service note that meets the criteria specified in the DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) is required. The DMH/DD/SAS Records Management and Documentation Manual can be found at:

<http://www.ncdhhs.gov/mhddsas/statspublications/Manuals/rmdmanual-final.pdf>

Service Exclusions

Total expenditures on **Physician Consultation** cannot exceed the 1915(b)(3) resources available in the waiver.

Physician Consultation may not be provided by family members.