Trillium HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

2024-2025 Medicaid Adult Behavioral Health Services Benefit Plan

Service Code(s):	***Services Included (Sorted by Alphabetical Order):***
H0040, H0040U1	Assertive Community Treatment Program
H2015HTHO, H2015HTHF, H2015HTHN, H2015HTU1, H2015HTHM	Community Support Team
H0035	Partial Hospitalization
H0038, H0038HQ	Peer Support Services
H2017	Psychosocial Rehabilitation

Codes / modifier combinations not mentioned for specialized services will be found within contracts.
For Medicaid services, Child services are available through age 21. Adult services are available from age 21 and older.
When state Medicaid coverage provisions conflict with the coverage provisions in a Trillium policy, state Medicaid coverage provisions take precedence.

Person-Centered Plan Requirements & Guidance

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

Life Domains (PCP Guide)

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

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

Person-Centered Interview Questions (PCP Guide)

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

Action Plan (PCP Guide)

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

- *Long-Term Goal Development*: what motivates the person to engage in services and make changes. These are personal to that individual, often reflect one or more Life Domains, and typically take time to achieve. Ideally, long-term goals are oriented toward quality-of-life priorities and not only the management of health conditions and symptoms.
- Short-Term Goals: help the person move closer to achieving their long-term goals. They reflect concrete changes in functioning/skills/activities that are meaningful to the person and are proof they are making progress. Short-term goals build on strengths while also addressing identified needs from the assessment that interfere with the attainment of the valued, long-term life goal(s). Short-term goals are written in SMART (Specific/Straightforward/Simple, Measurable, Achievable, Relevant, and Time-Limited) language.
- Interventions: reflect how all team members contribute to helping the person achieve their short-term goals. Interventions are the specific tasks the provider and individual agree on. The language of interventions should include: WHO is offering the intervention/support, WHAT specifically will be provided or done (e.g., title of service or action), WHEN it is being offered – frequency and duration (e.g., once a month for 3 months), and WHY it is needed (i.e., how the intervention relates to the individual's specific goal).

Enhanced Crisis Intervention Plan (PCP Guide)

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

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

Signature Page (PCP Guide)

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

- Person Receiving Services - Dated signature is required when the person is his/her own legally responsible person. A provider may not bill Medicaid for services until this signature is acquired if the individual is his or her own legally responsible person.
- Legally Responsible Person - Dated signature when the person receiving services is not his/her own LRP. A provider may not bill Medicaid for services until this signature is acquired, when applicable.
- Person Responsible for the Plan - Dated signature is required. Inclusion of the required information on the signature page of the PCP template by the Person Responsible for the Plan is also required for individuals under the age of 21 (Medicaid) or under age 18 (State) who are receiving enhanced services and are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the Criminal Court System.
- Service Order/Confirmation of Medical Necessity - Dated signature is required, plus confirmation of medical necessity, indication of whether review of the comprehensive clinical assessment occurred, and indication if the LP signing the service order had direct contact with the individual.

General Benefit Plan Limits

- *Auth to a Different Provider:* The requested service cannot be authorized if another provider is currently authorized to provide the requested service, and two providers are not permitted to provide that service at the same time.
- *Backdated Request:* Service dates requested prior to the receipt of the authorization request cannot be authorized.
- *Contract Issue:* The requested service cannot be authorized if the provider is experiencing a contract related issue preventing the service from being approved.
- *Insurance Coverage Expired:* The requested service cannot be authorized if a member does not have active insurance coverage.
- *Missing Individual Support Plan (ISP)/Care Plan/Person Centered Plan (PCP) Information:* The requested service cannot be authorized if the ISP/ Care Plan/ PCP is missing any of the following: 1) The signature page, to include the check boxes not being complete, a missing signature, an undated signature, an electronic signature missing the date stamp, and/or if the signature is dated before the date of the ISP/ Care Plan/ PCP; 2) Is missing a goal for the service requested; 3) Is missing the units/frequency of service requested or if the units requested exceed the frequency detailed in the ISP/ Care Plan/ PCP, and/or; 4) Is missing the Comprehensive Crisis Prevention and Intervention Plan.
- *More than 30 Days in Advance:* The service cannot be authorized if requested more than 30 days in advance. A member's clinical picture can change over time, so medical necessity for a service cannot be established based on a clinical picture that is more than 30 days old.
- *No Documentation:* The requested service cannot be authorized because the request does not include the required documentation, as detailed in the applicable Clinical Coverage Policy, the service definition, or the Benefit Plan. If required, this can include: 1) A missing or invalid service order; 2) A missing ISP/ Care Plan/ PCP; 3) A missing discharge/ transition plan, and/or; 4) Missing information on an IDD member, like a missing SNAP or a missing psychological evaluation that supports the DD diagnosis.
- *No ISP/Care Plan/PCP Update:* The requested service reauthorization cannot be authorized if an updated or revised ISP/ Care Plan/ PCP to not submitted.
- *No New Annual ISP/ Care Plan/ PCP:* The requested service cannot be authorized if the ISP/ PCP annual rewrite has not been completed. This includes when an ISP/ Care Plan/ PCP is submitted that is more than a year old.
- *Out of Catchment:* Trillium is unable to authorize the requested service if a member's Medicaid county of residence is outside of Trillium catchment area.
- *Service Exclusion:* The requested service cannot be authorized if the member is currently authorized for a service that is an exclusion to the requested service.
- *Third Party Insurance:* The requested service cannot be authorized if the member has private insurance, and the provider should seek authorization from primary insurance source. Medicaid is the payor of last resort.

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Assertive Community Treatment (ACT) Program Code(s): **H0040** **H0040 U1**: Shadow Claims	An ACT team assists a member in advancing toward personal goals with a focus on enhancing community integration and regaining valued roles (example: worker, daughter, resident, spouse, tenant, or friend). A fundamental charge of ACT is to be the first line (and generally sole provider) of all the services that an ACT member needs. A member who is appropriate for ACT does not benefit from receiving services across multiple, disconnected providers, and may become at greater risk of hospitalization, homelessness, substance use, victimization, and incarceration.	**Pass-Through Period:** Prior authorization is not required for this service. **Maintained in the Record (not all inclusive):** **1.** CCA: Required, to include an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions if applicable **2.** Complete PCP, to include all required signatures and the 3-page crisis plan: Specific interventions, duration, and frequency for each of the ACT Team staff must be included. PCP must address the role of all team members including frequency and duration of each role. **3.** Service Order: Required, signed by an MD/ DO, NP, PA, or a Licensed Psychologist. **4.** Submission of applicable records that support the member has met the medical necessity criteria. **All services are subject to post-payment review.**	**Units**: **1.** One unit = 1 event **2.** One unit is auth'd per month, although a shadow claim should be billed every time an encounter occurs. **3.** The expectation is most ACT members will receive more than 4 contacts per month, with most seeing at least 3 team members in a given month. **Age Group**: Adults (age 18 and older) **Level of Care**: While the LOCUS/ CALOCUS are specifically no longer required, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services. **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** Members with a primary dx of a SU, IDD, TBI, borderline personality disorder, or an autism spectrum disorder are not the intended member group for ACT and should not be referred if they do not have a co-occurring psychiatric disorder. **2.** ACT cannot be provided concurrently w/: Outpatient therapy, Med Management, or Psych Services; Mobile Crisis; PSR (after a 30-day transition period); CST; Partial Hospitalization; Tenancy Support Services; Nursing home facility, or IPS-Supported Employment or LTVS.	Clinical Coverage Policy 8A-1: Assertive Community Treatment (ACT) Program Trillium CCB 007 (5/10/2016): Medicaid Funded Services Plan Benefit Changes PCP Guidance Documents & Templates APSM 45-2 Records Management and Documentation Manuals

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Community Support Team (CST) Code(s): **H2015 HT HO**: Licensed Team Lead **H2015 HT HF**: LCAS, LCAS-A, CCS, CSAC **H2015 HT HN**: QP, AP **H2015 HT U1**: NC Peer Support Specialist **H2015 HT HM**: Paraprofessional	Provides direct support to adults with a MH, SU, or co-morbid disorder and who have complex and extensive treatment needs. Consists of community-based MH and SU services, and structured rehab interventions intended to increase and restore a member's ability to live successfully in the community. The team approach involves structured, face-to-face therapeutic interventions that assist in reestablishing the members community roles related to life domains.	**Pass-Through Period:** Prior authorization is not required for this service. **Maintained in the Record (not all inclusive):** **1.** CCA: Required, to include an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions if applicable. For services lasting more than six months, a new CCA or an addendum must be completed. **2.** Complete PCP: Required, to include all required signatures and the 3-page crisis plan **3.** Service Order: Required, signed by an MD/ DO, NP, PA, or a Licensed Psychologist. **4.** Transition/ Stepdown Plan: Encouraged **5.** Submission of applicable records that support the member has met the medical necessity criteria. **All services are subject to post-payment review.**	**Units and Length of Stay**: **1.** One unit = 15 minutes **2.** It is expected that service intensity titrates down as the member demonstrates improvement. **Age Group**: Adults (age 18 and older) **Level of Care**: ASAM Level 1 (if applicable). While the LOCUS/ CALOCUS are specifically no longer required, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services. **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** When helping a member transition to and from a service, CST services may be provided for a max of eight units for the first and last 30-day period for members transitioning to: ACTT, SAIOP, SACOT. **2.** May not be provided in conjunction with ACTT or during the same episode period as any other State Plan service that contains duplicative service components. This includes PSS, as CCP 8G states that PSS must not be provided during the same auth period as CST, as a member who needs CST and peer support will be offered by peer support by the CST providers.	Clinical Coverage Policy No 8A-6: Community Support Team APSM 45-2 Records Management and Documentation Manual PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Partial Hospitalization Code(s): H0035	A short-term service for acutely mentally ill children or adults, which provides a broad range of intensive therapeutic approaches which may include: group activities or therapy, individual therapy, recreational therapy, community living skills or training, increases the individual's ability to relate to others and to function appropriately, coping skills, medical services. This service is designed to prevent hospitalization or to serve as an interim step for those leaving an inpatient facility.	**Pass-Through Period:** Prior authorization is not required for this service. **Maintained in the Record (not all inclusive):** **1.** CCA: Required **2.** Complete PCP: Required, to include all necessary signatures and the 3-page crisis plan. The amount, duration, and frequency of services must be included. If limited information is available at admission, staff shall document on the PCP whatever is known and update it when additional information becomes available. **3.** Service Order: Required, signed by a MD/DO, doctoral level licensed psychologist, psychiatric NP, psychiatric clinical nurse specialist. **4.** Submission of applicable records that support the member has met the medical necessity criteria. **All services are subject to post-payment review.**	**Units**: **1.** One unit = 1 event **2.** This is day or night service provided a minimum of 4 hrs/day, 5 days/week, and 12 months/year (excluding transportation time). Excludes legal or governing body designated holidays. **Age Group**: Adults **Level of Care**: While the LOCUS/ CALOCUS are specifically no longer required, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.	Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services, Partial Hospitalization section APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Peer Support Services (PSS) Code(s): **H0038**: Peer Support, Individual. The GT (Telehealth) and KX (Telephonic) modifiers can be used with this service code. **H0038HQ**: Peer Support, Group	An evidenced-based mental health model of care that provides community-based recovery services directly to a Medicaid-eligible adult member diagnosed with an MH or SU disorder. PSS provides structured, scheduled services that promote recovery, self-determination, self-advocacy, engagement in self-care and wellness and enhancement of community living skills of beneficiaries	**Pass-Through Period:** Prior authorization is not required for this service. **Maintained in the Record (not all inclusive):** **1.** CCA: Required, to include an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions if applicable. **2.** Complete PCP: Required, to include all necessary signatures and the 3-page crisis plan. **3.** Service Order: Required, signed by physician or other licensed clinician (DO, NP, PA, PhD) **4.** Submission of applicable records that support the member has met the medical necessity criteria. **All services are subject to post-payment review.**	**Units**: One unit = 15 minutes **Age Group**: Adults (age 18 and older) **Level of Care**: While the LOCUS/ CALOCUS are specifically no longer required, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services. **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** Telehealth or telephonically, audio-only communication is limited to 20% or less of total service time provided per fiscal year. **2.** May not be provided during the same episode of care as ACTT or CST. Member with a sole diagnosis of IDD is not eligible this service.	Clinical Coverage Policy No 8G: Peer Support Services JCB #J344: Peer Support Services State Plan Amendment and Policy Update APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Psychosocial Rehabilitation Code(s): H2017	Service is designed to help adults with psychiatric disabilities increase their functioning so that they can be successful and satisfied in the environments of their choice with the least amount of ongoing professional intervention. PSR focuses on skill and resource development related to life in the community and to increasing the participant's ability to live as independently as possible, to manage their illness and their lives with as little professional intervention as possible, and to participate in community opportunities related to functional, social, educational, and vocational goals.	**Pass-Through Period:** Prior authorization is not required for this service. **Maintained in the Record (not all inclusive)**: **1.** CCA: Required **2.** Complete PCP: Required, to include all necessary signatures and the 3-page crisis plan. The amount, duration, and frequency of services must be included. The members' progress with the service should be detailed. For PSR, the PCP shall be reviewed at least every 6 months. **3.** Service Order: Required, signed by an MD/DO, NP, PA, or a Licensed Psychologist. **4.** Transition/ Stepdown Plan: Encouraged **5.** Transition/ Stepdown Plan: Required. **6.** Submission of applicable records that support the member has met the medical necessity criteria. **All services are subject to post-payment review.**	**Units**: **1.** One unit = 15 minutes **2.** The number of hours that a member receives PSR services are to be specified in his or her PCP. **Age Group**: Adults **Level of Care**: While the LOCUS/ CALOCUS are specifically no longer required, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services. **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** PSR cannot be provided during the same episode of care as Partial Hospitalization, 1915i Individual and Transitional Support, and ACTT. **2.** This service is to be available for a period of five or more hours per day at least five days per week and it may be provided on weekends or in the evening.	Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services, Psychosocial Rehabilitation section APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates