



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

<i>Service Code(s):</i>	<i>Services Included (Sorted by Alphabetical Order):</i>
H2012HA	<u>Child and Adolescent Day Treatment</u>
H2022	<u>Intensive In-Home</u>
H2033, H2033:22	<u>Multisystemic Therapy</u>
H0035	<u>Partial Hospitalization</u>
YP014, YP015	<u>Respite Services</u>

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

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

Member and Recipient Services: 1-877-685-2415



Provider Support Service Line: 1-855-250-1539

Person-Centered Plan Requirements & Guidance

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

Life Domains (PCP Guide)

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

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

Person-Centered Interview Questions (PCP Guide)

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

Action Plan (PCP Guide)

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

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

Enhanced Crisis Intervention Plan (PCP Guide)

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

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

Signature Page (PCP Guide)

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

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

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p>Child and Adolescent Day Treatment</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> H2012HA</p>	<p>A structured tx service in a licensed facility for children or adolescents and their families that builds on strengths and addresses identified needs. This service is designed to serve children who, as a result of their MH or SU disorder tx needs, are unable to benefit from participation in academic or vocational services at a developmentally appropriate level in a traditional school or work setting. The provider implements therapeutic interventions that are coordinated with the individual's academic or vocational services available through enrollment in an educational setting. Each CADT provider must follow a clearly identified clinical model(s) or evidence-based tx(s) consistent with best practice. Day Treatment provides case mngmnt services.</p>	<p><u>Initial Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization is required 2. CCA: Required, to include an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions (if applicable). 3. Complete PCP: Required 4. Service Order: Required 5. Child/Adolescent Discharge/Transition Plan 6. IEP/ 504 Plan: Required 7. Behavioral Plan: Required 8. School Suspension Records: Required 9. Submission of all records that support the recipient has met the medical necessity criteria. <p><u>Reauthorization Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization is required 2. Complete PCP: recently reviewed detailing the individual's progress with the service. 3. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 4. Submission of all records that support the individual has met the medical necessity criteria. 	<p><u>Length of Stay:</u></p> <ol style="list-style-type: none"> 1. This is a time limited service, and services should be titrated based on the transition plan in the PCP. 2. This is a day or night service that shall be available year-round for a minimum of three hours a day during all days of operation. 3. Up to 60 days for the initial and reauth period. <p><u>Units:</u></p> <ol style="list-style-type: none"> 1. One unit = 1 hour. 2. Up to 258 units per 60 days. <p><u>Age Group:</u> Children & Adolescents (Ages 5 through 17)</p> <p><u>Level of Care:</u> ASAM Level of 2.1 (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.</p> <p><u>Service Specifics, Limitations, & Exclusions (not all inclusive):</u></p> <ol style="list-style-type: none"> 1. CADT services may not be provided during the same auth period as: IIH; MST; Individual, group, and family therapy; SAIOP; Child Residential Treatment services–Levels II through IV; PRTF; Substance abuse residential services; or Inpatient hospitalization. 2. CADT programs may not operate as simply an after-school program. 	<p>State-Funded Enhanced Mental Health and Substance Abuse Service Definition</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p>Intensive In-Home Services (IIH)</p> <p>Limited funding. Not an entitlement.</p> <p>Code(s): H2022</p>	<p>Service is a team approach designed to address the identified needs of children and adolescents who, due to serious and chronic symptoms of an emotional, behavioral, or SU disorder, are unable to remain stable in the community without intensive interventions. This is a time-limited, intensive child and family intervention based on the clinical needs of the individual. IIH services are auth'd for one individual child in the family. The parent or caregiver must be an active participant in the tx. Services are generally more intensive at the beginning of tx and decrease over time as the individual's skills develop. This service is not delivered in a group setting.</p>	<p>Initial Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior authorization is required 2. CCA: Required, w/ IIH indicated and outpatient tx services considered or previously attempted but were found to be inappropriate or not effective. The CANS is required for recipients over 3 but under 7 years old. Must include an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions (if applicable). 3. Complete PCP: Required 4. Service Order: Required 5. Submission of all records that support the recipient has met the medical necessity criteria. <p>Reauthorization Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior authorization is required 2. Complete PCP: recently reviewed detailing the individual's progress with the service. 3. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 4. Submission of all records that support the individual has met the medical necessity criteria. 	<p>Length of Stay:</p> <ol style="list-style-type: none"> 1. Up to 60 days per authorization. 2. It is expected that service frequency will be titrated down after the initial auth. At least 12 face-to-face contacts are required in the first month, and at least 6 face-to-face contacts per month are required in the second and third months of IIH services. 3. No more than 6 months per calendar year. <p>Units:</p> <ol style="list-style-type: none"> 1. One unit = 1 episode. This service is billed per diem, with a 2-hour minimum. When the total contact time per date of service meets or exceeds 2 hours, it is a billable event. 2. Typically 16 units per month for the initial auth, with reauthorizations titrating downward. <p>Age Group: Children & Adolescents (Ages 3 through 17)</p> <p>Level of Care: ASAM Level of 2.1 (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.</p> <p>Service Specifics, Limitations, & Exclusions (not all inclusive):</p> <ol style="list-style-type: none"> 1. IIH services may not be provided during the same authorization period as: MST; CADT; individual, group and family therapy; SAIOP; child residential treatment services Level II Program Type through Level IV; PRTF; or substance abuse residential services. 2. No more than one individual in the home may receive IIH services during any active auth period. 	<p>State-Funded Enhanced Mental Health and Substance Abuse Service Definition</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p>Multisystemic Therapy (MST)</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> H2033 HA: MST Case Rate</p> <p>H2033 HA U1: MST Shadow Claim</p>	<p>A program designed for youth between the ages 7 through 17 who have antisocial, aggressive or violent behaviors, are at risk of out-of-home placement due to delinquency or; adjudicated youth returning from out-of-home placement or; chronic or violent juvenile offenders, or youth with serious emotional disturbances or a substance use disorder and their families. The purpose of this program is to keep youth in the home by delivering an intensive therapy to the family within the home. MST involves families and other systems such as the school, probation officers, extended families, and community connections.</p>	<p><u>Initial Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization is required 2. CCA: Required, to include an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions (if applicable). 3. Complete PCP: Required, to include the amount, duration, and frequency of the service 4. Service Order: Required 5. Submission of all records that support the recipient has met the medical necessity criteria. <p><u>Reauthorization Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization is required 2. Complete PCP: recently reviewed detailing the individual's progress with the service. 3. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 4. Submission of all records that support the individual has met the medical necessity criteria. 	<p><u>Length of Stay:</u></p> <ol style="list-style-type: none"> 1. The duration of MST is typically 5 months. 2. The initial auth may not exceed 5 month. 3. A minimum of 12 contacts must occur within the first month. For the 2nd and 3rd months, an average of 6 contacts must occur each month. It is expected that service frequency will be titrated over the last 2 months. <p><u>Units:</u></p> <ol style="list-style-type: none"> 1. One unit = 15 minutes. 2. No more than 480 units of services may be provided in a 3-month period. <p><u>Age Group:</u> Children & Adolescents (Ages 7 through 17)</p> <p><u>Level of Care:</u> ASAM Level of 2.1 (if applicable). While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p><u>Service Specifics, Limitations, & Exclusions (not all inclusive):</u></p> <ol style="list-style-type: none"> 1. MST is limited to one tx episode per lifetime. 2. MST services may not be billed for recipients receiving IIH, CADT, SAIOP, Hourly Respite, individual, group or family therapy, child residential Level II–IV, or substance abuse residential services. 	<p>State-Funded Enhanced Mental Health and Substance Abuse Service Definition</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p style="text-align: center;">Partial Hospitalization</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> H0035</p>	<p>A short-term service for acutely mentally ill children or adults, which provides a broad range of intensive therapeutic approaches which may include: group activities or therapy, individual therapy, recreational therapy, community living skills or training, increases the individual's ability to relate to others and to function appropriately, coping skills, medical services. This service is designed to prevent hospitalization or to serve as an interim step for those leaving an inpatient facility. A physician shall participate in diagnosis, tx planning, and admission or discharge decisions. Physician involvement shall be one factor that distinguishes Partial Hospitalization from Day Treatment services.</p>	<p><u>Pass-Through Period:</u> Prior authorization is not required for the first 7 days (7 units)</p> <p><u>Initial Requests (after pass-through):</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization is required. 2. CCA: Required 3. Complete PCP: Required. The amount, duration, and frequency of services must be included. 4. Service Order: Required 5. Medicaid Application: Evidence of individual applying for Medicaid or update on application status. 6. Submission of applicable records that support the individual has met the medical necessity criteria. <p><u>Reauthorization Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: prior authorization required. 2. Complete PCP: recently reviewed detailing the individual's progress with the service. 3. Medicaid Application: Evidence of individual applying for Medicaid or update on application status. 4. Submission of applicable records that support the individual has met the medical necessity criteria. 	<p><u>Length of Stay:</u></p> <ol style="list-style-type: none"> 1. Initial (after pass-through) and Reauthorization requests shall not exceed 7 calendar days. 2. Maximum length of service is 30 days per fiscal year. <p><u>Units:</u></p> <ol style="list-style-type: none"> 1. One unit = 1 event 2. This is day or night service provided a minimum of 4 hrs/day, 5 days/week, and 12 months/year (excluding transportation time). Excludes legal or governing body designated holidays. <p><u>Age Group:</u> Children/ Adolescents & Adults</p> <p><u>Level of Care:</u> 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.</p> <p><u>Service Specifics, Limitations, & Exclusions (not all inclusive):</u></p> <ol style="list-style-type: none"> 1. Individuals may be ineligible for a state-funded service due to coverage by other payors that would make them ineligible for the same or similar service funded by the state (e.g. individual is eligible for the same service covered by Medicaid or other third-party payor) 	<p>State-Funded Enhanced Mental Health and Substance Abuse Service Definition</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p>Respite Services, State-Funded</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> YP014: Individual - Child YP015: Group - Child</p>	<p>Respite services provide periodic support and relief to the primary caregiver(s) from the responsibility and stress of caring for the recipient. This service enables the primary caregiver(s), when other natural supports are unavailable, to assist with caregiving, to meet or participate in periodic, planned or emergency events, and to have planned breaks in caregiving. Respite may include in and out-of-home services, inclusive of overnight, weekend care, or emergency care (caregiver emergency based). This service is a periodic service. Primary caregiver must maintain their primary residence at the same address as the recipient.</p>	<p><u>Initial Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior auth required; TAR must be completed by a QP 2. Assessment: detailing serious emotional disturbance (SED) or a moderate or severe substance use disorders (SUD) 3. Documentation that the primary caregiver(s) need periodic support and relief from the responsibility and stress of caregiving OR the individual needs periodic support and relief from the primary caregiver. 4. Documentation that there are no other natural resources or support available to the primary caregiver to provide the necessary relief of substitute care. 5. Service Order: Signed by a MD/ DO, LP, PA, or NP. 6. Complete PCP: Required 7. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 8. Submission of all records that support the recipient has met the medical necessity criteria. <p><u>Reauthorization Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior auth required; TAR must be completed by a QP 2. Assessment: detailing serious emotional disturbance (SED) or a moderate or severe substance use disorders (SUD) 3. Documentation that the primary caregiver(s) need periodic support and relief from the responsibility and stress of caregiving OR the individual needs periodic support and relief from the primary caregiver. 4. Documentation that there are no other natural resources or support available to the primary caregiver to provide the necessary relief of substitute care. 5. Complete PCP: Required 6. Medicaid Application: Evidence of individual applying for Medicaid or update on application status. 7. Submission of all records that support the recipient has met the medical necessity criteria. 	<p><u>Length of Stay:</u> No more than 1536 units (384 hours) per fiscal year</p> <p><u>Units:</u> One unit = 15 minutes</p> <p><u>Age Group:</u> Children & Adolescents (ages 3-17 with SED or moderate or severe SUD or age 3-18 with IDD or TBI)</p> <p><u>Urgent/ Emergent Exception:</u></p> <ol style="list-style-type: none"> 1. In an urgent or emergent situation requiring a verbal auth, up to 192 units (48 hours) of service for an initial 2 calendar day pass-through is permitted. 2. Written auth required after this pass-through. 3. This pass-through is available only once per state fiscal year. <p><u>Level of Care:</u> Evidence of SED, moderate or severe SUD, or IDD or TBI</p> <p><u>Service Specifics, Limitations, & Exclusions (not all inclusive):</u></p> <ol style="list-style-type: none"> 1. Respite may not be provided by relatives, legal guardians, or individuals if they live in the same home. 2. Individual must live in a non-licensed setting, with a non-paid caregiver(s), except for those residing in an AFL (respite cannot be billed on the same day as Residential Supports if utilized for more than 8 hours per day). 3. The following are not covered: Formal habilitation goals; Services provided to teach academics/ education substitutes; Payment for room and board. 4. Individuals eligible for MCD Respite (including exhausted MCD Respite) are not eligible for State-funded Respite. 	<p>State-Funded Respite Services</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p> <p>JCB #325: I/DD Eligibility for State-Funded Services</p>