



## 2024-2025 State-Funded Substance Use Specific Services Benefit Plan

<i>Service Code(s):</i>	<b><i>Services Included (Sorted by Alphabetical Order):</i></b>
H0014	<a href="#"><u>Ambulatory Withdrawal Management without Extended On-Site Monitoring</u></a>
H0020	<a href="#"><u>Opioid Treatment Program Services</u></a>
H2035	<a href="#"><u>Substance Abuse Comprehensive Outpatient Treatment Program</u></a>
H2034	<a href="#"><u>Substance Abuse Halfway House</u></a>
H0015	<a href="#"><u>Substance Abuse Intensive Outpatient Program</u></a>
H0013	<a href="#"><u>Substance Abuse Medically Monitored Community Residential Treatment</u></a>

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.

### Guidance Around Signature Requirements

- All required signatures with dates must be completed.
- Signatures for child mental health services must be completed in the correct location on the form.
- Handwritten signatures require handwritten dates.
- Electronic signatures must have a date stamp, but a time stamp not required. Documents that contain an electronic signature may be in Word or PDF form.

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p style="text-align: center;"><b>Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring</b></p> <p>Limited funding. Not an entitlement.</p> <p>Code(s): H0014</p>	<p>This is a service for an individual who is assessed to be at minimal risk of severe withdrawal, free of severe physical and psychiatric complications, and can be safely managed at this level. These services are designed to treat the individual's level of clinical severity and to achieve safe and comfortable withdrawal from alcohol and other substances to effectively facilitate the individual's transition into ongoing treatment and recovery.</p>	<p><b><u>Pass-Through Period:</u></b> Prior authorization is not required through the first 3 calendar days of services.</p> <p><b><u>Initial Requests (after pass-through):</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: Required within the first 3 calendar days of service initiation</li> <li>2. Initial Abbreviated Assessment or CCA / DA: A comprehensive clinical assessment must be completed by a licensed professional to determine an ASAM level of care for discharge planning w/in 3 days of admission.</li> <li>3. Service Order: Required, signed by a physician, PA, or NP</li> <li>4. CIWA-Ar score, or other comparable standardized scoring system: Required, supporting this LOC</li> <li>5. Submission of applicable records that support the recipient has met the medical necessity criteria.</li> </ol> <p><b><u>Reauthorization Requests:</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: Prior approval required</li> <li>2. CIWA-Ar score, or other comparable standardized scoring system: Required, supporting this LOC</li> <li>3. Updated Service Plan: recently reviewed detailing the recipient's progress with the service</li> <li>4. Submission of all records that support the recipient has met the medical necessity criteria.</li> </ol>	<p><b><u>Units:</u></b> One unit = 15 minutes</p> <p><b><u>Age Group:</u></b> Adults (age 18 and older)</p> <p><b><u>Level of Care:</u></b> ASAM Level 1-WM. The ASAM Criteria, Third Edition uses six dimensions to create a holistic, biopsychosocial assessment to be used for service planning and treatment. The ASAM Score must be supported with detailed clinical documentation on each of the six ASAM dimensions.</p> <p><b><u>Population Served:</u></b> Primary Substance Use Diagnosis only</p> <p><b><u>Service Specifics, Limitations, &amp; Exclusions (not all inclusive):</u></b></p> <ol style="list-style-type: none"> <li>1. Service may not be provided on the same day as Substance Use Disorder Withdrawal Management or Residential Services, except on day of admission or discharge</li> <li>2. This facility must be in operation a minimum of 8 hours per day, all 5 weekdays (Monday through Friday), and a minimum of 4 hours daily on the weekend (Saturday and Sunday). The hours of operation must be extended based on an individual's need. This service must be available for admission seven days per week.</li> <li>3. Discharge planning beginning at admission</li> <li>4. Provider(s) shall verify eligibility each time a service is rendered</li> <li>5. State funds shall not cover clinical and administrative supervision of Level 1 WM staff, which is covered as an indirect cost and part of the rate</li> </ol>	<p><a href="#">State-Funded Ambulatory Withdrawal Management Without Extended On-Site Monitoring Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p style="text-align: center;"><b>Opioid Treatment Program Services</b></p> <p>Limited funding. Not an entitlement.</p> <p>Code(s): H0020</p> <p><b><u>Bundled Activities:</u></b> Activities in the bundled rate for this service are: a) managing medical plan of care and medical monitoring; b) individualized recovery focused person-centered plan; c) a minimum of two (2) required counseling or therapy sessions per individual per month during the first year of opioid treatment services and one required counseling session per individual per month thereafter; d) nursing services related to administering medication, preparation, monitoring, and distribution of take-home medications; e) cost of the medication; f) presumptive drug screens and definitive drug tests; ) pregnancy tests; h) TB tests; i) psychoeducation consisting of HIV and AIDS education and other health education services; and j) service coordination activities consisting of coordination with care management entity and coordination of on and off-site treatment and supports.</p>	<p>This is an organized, outpatient treatment service for an individual with an opioid use disorder. The OTP service utilizes methadone, buprenorphine formulations, naltrexone or other drugs approved by the FDA for the treatment of opioid use disorders. This service is delivered by an interdisciplinary team of professionals trained in the treatment of opioid use disorder. The team provides person-centered, recovery-oriented-treatment, case management, and health education. A range of cognitive, behavioral, and substance use disorder (SUD) focused therapies are provided to address substance use that could compromise recovery.</p>	<p><b><u>Pass-Through Period:</u></b> Prior authorization is not required for this service.</p> <p><b><u>Maintained in the Record (not all inclusive):</u></b></p> <ol style="list-style-type: none"> <li>1. CCA or DA: Required</li> <li>2. Service Order: completed by a physician, PA, or NP</li> <li>3. Complete/ Updated PCP: to include relevant diagnostic information. The provider must collaborate w/ individual's existing provider to develop an integrated PCP.</li> <li>4. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status.</li> </ol>	<p><b><u>Units:</u></b> One unit = 1 week. Providers may provide and bill for more than one week of take-home doses to meet individual's need. At least one service must be provided to the individual within the weekly service payment unit to bill the bundled rate.</p> <p><b><u>Age Group:</u></b> Adults (age 18 and older). Those under 18 years of age are required to have two documented unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period to be eligible for this service [42 C.F.R. § 8.12(e)(2)].</p> <p><b><u>Level of Care:</u></b> Opioid Treatment Services (OTS) ASAM Criteria Level of Care. The ASAM Score must be supported with detailed clinical documentation on each of the six ASAM dimensions.</p> <p><b><u>Population Served:</u></b> Primary Substance Use Diagnosis only</p> <p><b><u>Service Specifics, Limitations, &amp; Exclusions (not all inclusive):</u></b></p> <ol style="list-style-type: none"> <li>1. State funds do not cover any services in the OTP Service per diem as separate billable services and do not cover interventions not identified in the individual's PCP.</li> <li>2. No person under 18 may be admitted to treatment unless a parent, legal guardian, or responsible adult designated by the relevant State authority consents in writing to such treatment.</li> <li>3. In addition to the bundled rate activities, providers can bill separately for: a) evaluation and management billing codes; b) diagnostic assessments or comprehensive clinical assessments; c) laboratory testing (excluding pregnancy test, TB test, &amp; drug toxicology); d) individual, group, and family counseling (provided beyond the minimum two (2) counseling of therapy sessions per month during the first year or one (1) counseling or therapy session per month thereafter) (licensed professionals only); and e) Peer Support Services. The program physician can bill E/M codes separately for the admission evaluation and physical exam.</li> </ol>	<p><a href="#">State-Funded Opioid Treatment Program Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">NC PCP Guidance Document</a></p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p style="text-align: center;"><b>Substance Abuse Comprehensive Outpatient Treatment (SACOT) Program Services</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> H2035</p>	<p>A periodic service that is a time-limited, multi-faceted approach to tx for adults who require structure and support to achieve and sustain recovery. This service must operate at least 20 hrs/wk and offer a minimum of 4 hours of scheduled services per day, with availability at least 5 days per week with no more than 2 consecutive days without services available. Group counseling services must be offered. Services must be available during day and evening hours to enable individuals to maintain residence in their community, continue to work or go to school, and to be a part of their family life. Individuals receiving SACOT may be residents of their own home, a substitute home, or a group care setting; however, the SACOT Program must be provided in a setting separate from the individual's residence. The expected outcome is abstinence.</p>	<p><b><u>Pass-Through Period:</u></b> The initial 60 calendar days of tx do not require prior authorization. Unmanaged treatment period is available only once per FY.</p> <p><b><u>Initial Requests (after pass-through):</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: prior authorization required once the unmanaged treatment period has lapsed. Providers may seek prior approval if they are unsure the recipient has utilized the pass-through period. To ensure timely prior authorization, requests must be submitted prior to the last unauthorized visit.</li> <li>2. CCA: Required</li> <li>3. PCP: Both the Initial PCP and the PCP Update completed during the pass-through period are required, to include the amount, duration, and frequency of the service. Must include an enhanced crisis intervention plan.</li> <li>4. Service Order: Required, signed by a physician, licensed psychologist, PA, or NP.</li> <li>5. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status.</li> <li>6. Submission of applicable records that support the member has met the medical necessity criteria.</li> </ol> <p><b><u>Reauthorization Requests:</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: Prior authorization is required.</li> <li>2. Complete PCP: recently reviewed detailing the member's progress with the service. The amount, duration, and frequency of the service must be included. The Crisis Plan must be updated.</li> <li>3. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status.</li> <li>4. Submission of all records that support the individual has met the medical necessity criteria.</li> </ol>	<p><b><u>Length of Stay:</u></b> Authorizations shall not exceed 60 days.</p> <p><b><u>Units:</u></b> One unit = 1 hour (member must attend at least 4 hours a day for this service to be billed).</p> <p><b><u>Age Group:</u></b> Adults (age 18 and older).</p> <p><b><u>Level of Care:</u></b> ASAM Level 2.5 Partial Hospitalization ASAM Criteria. The ASAM Score must be supported with detailed clinical documentation on each of the six ASAM dimensions.</p> <p><b><u>Population Served:</u></b> Primary Substance Use Diagnosis only</p> <p><b><u>Service Specifics, Limitations, &amp; Exclusions (not all inclusive):</u></b></p> <ol style="list-style-type: none"> <li>1. The program conducts random drug screening and uses the results of these tests as part of a comprehensive assessment of participants' progress toward goals and for PCP.</li> <li>2. SACOT may not be billed during the same auth as SAIOP, all detox services levels (with the exception of Ambulatory Detoxification) or Non-Medical Community Residential Tx or Medically Monitored Community Residential Tx.</li> </ol>	<p><a href="#">State-Funded Enhanced Mental Health and Substance Abuse Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">NC PCP Guidance Document</a></p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p><b>Substance Abuse Halfway House</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> H2034</p>	<p>Clinically managed low intensity residential services are provided in a 24-hour facility where the primary purpose of these services is the rehabilitation of individuals who have a substance use disorder and who require supervision when in the residence. Individuals receiving this service attend work, school, and substance use treatment services. The expected outcome of Halfway House is abstinence. Secondary outcomes include: sustained improvement in health and psychosocial functioning, reduction in any psychiatric symptoms (if present), reduction in public health or safety concerns, and a reduction in the risk of relapse as evidenced by improvement in empirically-supported modifiable relapse risk factors.</p>	<p><b><u>Pass-Through Period:</u></b> The initial 90 calendar days of tx do not require prior authorization. Contract variations may allow for additional days.</p> <p><b><u>Initial Requests (after pass-through):</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: Prior approval is required.</li> <li>2. CCA: Required</li> <li>3. Complete PCP: Maintained in the record, to include the amount and duration of this service.</li> <li>4. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status.</li> <li>5. Submission of all records that support the member has met the medical necessity criteria.</li> </ol> <p><b><u>Reauthorization Requests:</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: Prior approval required</li> <li>2. Complete PCP: Maintained in the record and recently reviewed detailing the member's progress with the service.</li> <li>3. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status.</li> <li>4. Submission of all records that support the individual has met the medical necessity criteria.</li> </ol>	<p><b><u>Length of Stay:</u></b> Initial (after pass-through) and Reauthorization requests shall not exceed 90 calendar days. Contract variations may allow for additional days.</p> <p><b><u>Units:</u></b> One unit = 1 day</p> <p><b><u>Age Group:</u></b> Adults (age 18 and older).</p> <p><b><u>Level of Care:</u></b> ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services or Level 3.3 NC Modified A/ASAM. The ASAM Score must be supported with detailed clinical documentation on each of the six ASAM dimensions.</p> <p><b><u>Population Served:</u></b> Primary Substance Use Diagnosis only</p> <p><b><u>Service Specifics, Limitations, &amp; Exclusions (not all inclusive):</u></b></p> <ol style="list-style-type: none"> <li>1. Individuals may be ineligible for a state-funded service due to coverage by other payors for the same or similar service funded by the state (e.g. individual is eligible for the same service covered by Medicaid, Health Choice or other third party payor).</li> </ol>	<p><a href="#">State-Funded Enhanced Mental Health and Substance Abuse Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">NC PCP Guidance Document</a></p>



Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p><b>Substance Abuse Intensive Outpatient Program Services</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> H0015</p>	<p>Structured individual and group addiction tx activities and services that are provided at an outpatient program designed to assist adults and adolescents to begin recovery and learn skills for recovery maintenance. The program is offered at least 3 hours a day, at least 3 days a week, with no more than 2 consecutive days between offered services and distinguishes between those individuals needing no more than 19 hours of structured services per week (ASAM Level 2.1). The expected outcome of SAIOP is abstinence.</p>	<p><b><u>Pass-Through Period:</u></b> The initial 30 calendar days of tx do not require prior authorization. Unmanaged treatment period is available only once per FY.</p> <p><b><u>Initial Requests (after pass-through):</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: prior authorization required once the unmanaged treatment period has lapsed. Providers may seek prior approval if they are unsure the member has utilized the pass-through period. To ensure timely prior authorization, requests must be submitted prior to the last unauthorized visit.</li> <li>2. CCA: Required</li> <li>3. PCP: Both the Initial PCP and the PCP Update completed during the pass-through period are required, to include the amount, duration, and frequency of the service. Must include an enhanced crisis intervention plan.</li> <li>4. Service Order: Required, signed by a physician, licensed psychologist, PA, or NP.</li> <li>5. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status.</li> <li>6. Submission of all records that support the individual has met the medical necessity criteria.</li> </ol> <p><b><u>Reauthorization Requests:</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: Prior approval required once the unmanaged units have been exhausted.</li> <li>2. Complete PCP: recently reviewed detailing the member's progress with the service. The amount, duration, and frequency of the service must be included. The Crisis Plan must be updated.</li> <li>3. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status.</li> <li>4. Submission of all records that support the individual has met the medical necessity criteria.</li> </ol>	<p><b><u>Length of Stay:</u></b> Initial (after pass-through) and Reauthorization requests shall not exceed 60 calendar days.</p> <p><b><u>Units:</u></b> One unit = 1 event per day (a minimum of three hours per day is an event)</p> <p><b><u>Age Group:</u></b> Children/ Adolescents &amp; Adults</p> <p><b><u>Level of Care:</u></b> ASAM Level 2.1 Intensive Outpatient Services ASAM Criteria. The ASAM Score must be supported with detailed clinical documentation on each of the six ASAM dimensions.</p> <p><b><u>Population Served:</u></b> Primary Substance Use Diagnosis only</p> <p><b><u>Service Specifics, Limitations, &amp; Exclusions (not all inclusive):</u></b></p> <ol style="list-style-type: none"> <li>1. SAIOP may not be billed during the same auth as SACOT, all detox services levels, Non-Medical Community Residential Treatment or Medically Monitored Community Residential Treatment.</li> </ol>	<p><a href="#">State-Funded Enhanced Mental Health and Substance Abuse Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">NC PCP Guidance Document</a></p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p><b>Substance Abuse Medically Monitored Community Residential Treatment Services</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> H0013</p>	<p>A nonhospital rehab facility for adults, with twenty-four hour a day medical or nursing monitoring, where a planned program of professionally directed evaluation, care and tx for the restoration of functioning for individuals with alcohol and other drug problems or addiction occurs. The expected outcome is abstinence.</p>	<p><b><u>Initial Requests:</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: Prior approval required.</li> <li>2. Regional Referral Form: Required</li> <li>3. Submission of applicable records that support the member has met the medical necessity criteria.</li> </ol> <p><b><u>Reauthorization Requests:</u></b></p> <ol style="list-style-type: none"> <li>1. TAR: prior approval required</li> <li>2. CCA: Required</li> <li>3. Complete PCP: recently reviewed detailing the member's progress with the service.</li> <li>4. Service Order: Required, signed by a physician, licensed psychologist, PA, or NP.</li> <li>5. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status.</li> <li>6. Submission of all records that support the individual has met the medical necessity criteria.</li> </ol>	<p><b><u>Length of Stay:</u></b></p> <ol style="list-style-type: none"> <li>1. Up to 10 days per authorization.</li> <li>2. This is a short-term service that may not exceed more than 45 days in a 12-month period.</li> </ol> <p><b><u>Units:</u></b> One unit = 1 day</p> <p><b><u>Age Group:</u></b> Adults (age 18 and older).</p> <p><b><u>Level of Care:</u></b> ASAM Level 3.7 Medically Monitored Intensive Inpatient Services. The ASAM Score must be supported with detailed clinical documentation on each of the six ASAM dimensions.</p> <p><b><u>Population Served:</u></b> Primary Substance Use Diagnosis only</p> <p><b><u>Service Specifics, Limitations, &amp; Exclusions (not all inclusive):</u></b></p> <ol style="list-style-type: none"> <li>1. This service may not be billed the same day as any other mental health or substance abuse service except CST or ACT.</li> <li>2. When furnished in a Facility that does not exceed 16 beds and is not an Institution for Mental Diseases [IMD], room and board are not included.</li> <li>3. Upon completion of the service there will be successful linkage to the community of the member's choice for ongoing step down or support services.</li> </ol>	<p><a href="#">State-Funded Enhanced Mental Health and Substance Abuse Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">NC PCP Guidance Document</a></p>