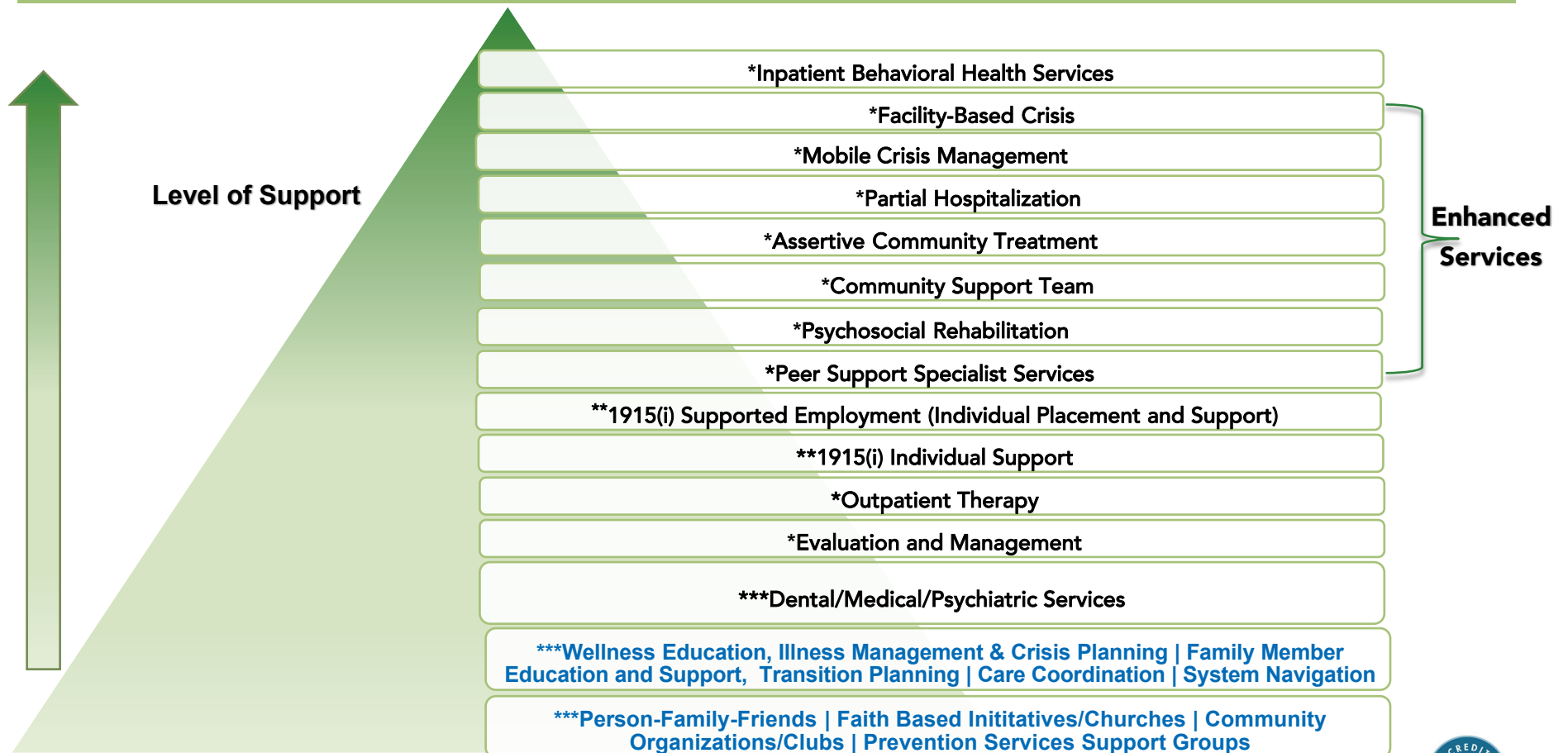


Adult Mental Health | Level of Care Continuum Services and Supports | Tip Sheet

See [*Trillium Mental Health Adult Benefit Plan](#), [**Alternative and In-Lieu of Services Benefit Plan](#), and for ****1915(i)** services in development, refer to Trillium Benefit Plan and [B3 Service Definitions](#) until the [transition of 1915\(b\)\(3\) services to 1915\(i\) services](#) for required documents, authorization guidelines, and funding.

*****Additional supports and recommendations**



Adult Mental Health / Medicaid Service Summary / Tip Sheet

See [*Trillium Mental Health Adult Benefit Plan](#), [**Alternative and In-Lieu of Services Benefit Plan](#), and for *1915(i) services in development, refer to Trillium Benefit Plan and [B3 Service Definitions](#) until the [transition of 1915\(b\)\(3\) services to 1915\(i\) services](#) for required documents, authorization guidelines, and funding.

| Service Category | Clinical Coverage Policy/NC Administrative Code | Service Description |
|--|---|--|
| *Evaluation and Management (E and M) | 8A-5 8C | Services focused on reducing psychiatric and behavioral symptoms in order to improve functioning in family, social, educational, or occupational life. <i>Examples:</i> Diagnostic assessment, psychiatric and biopsychosocial assessment, medication management, psychological testing |
| *Outpatient Therapy | 8C | Services focused on reducing psychiatric and behavioral symptoms in order to improve functioning in family, social, educational, or occupational life. <i>Examples:</i> Individual, group, and family therapy, psychotherapy for crisis, Trauma-focused Cognitive Behavioral Therapy |
| **1915(i) Individual Support Personal Care | | A “hands-on” service for individuals with SPMI with an intention to teach and assist beneficiaries in carrying out Instrumental Activities of Daily Living, such as preparing meals, managing medicines, grocery shopping, managing money, so that they can live as independently as possible 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 IADLs more independently. See B3 Service Definitions ; Note the transition of 1915(b)(3) services to 1915(i) services . |

| Service Category | Clinical Coverage Policy/NC Administrative Code | Service Description |
|--|---|---|
| <p>**1915(i) Supported Employment- Individual Placement and Support (IPS)</p> | <p>10A NCAC 27G .5801</p> | <p>Individual Placement and Support (IPS) Supported Employment Program helps individuals with severe mental health disorders find competitive, community employment and provides ongoing, individualized services with a focus on employment. Provides assistance with benefits counseling, career counseling, ongoing treatment to manage medications and other behavioral health needs. Individuals work with an Employment Specialist and peer support who helps with job success and professional advancement. This service must be provided in a setting where individual’s work alongside other peers who do not have disabilities. IPS-SE is a collaboration with NC-DHHS Division of Vocational Rehabilitation Services, LME/MCO Tailored Plans, and IPS provider teams. See B3 Service Definitions for Supported Employment. Note the transition of 1915(b)(3) services to 1915(i) services.</p> |
| <p>*Peer Support Specialist Services (PSS)</p> | <p>8G</p> | <p>Peer Support Services (PSS) are an evidenced-based mental health model of care that provides community-based recovery services directly to a Medicaid-eligible adult beneficiary diagnosed with a mental health or substance use 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. PSS services are directly provided by Certified Peer Support Specialists (CPSS) who have self-identified as a person(s) in recovery from a mental health or substance use disorder. PSS can be provided in combination with other approved mental health or substance use services or as an independent service.</p> |

| Service Category | Clinical Coverage Policy/NC Administrative Code | Service Description |
|--------------------------------------|---|--|
| *Psychosocial Rehabilitation | 8A | 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, increasing the participant's ability to live as independently as possible, manage their illness and their lives and participate in community opportunities related to functional, social, educational and vocational goals. |
| *Community Support Team (CST) | 8A-1 | Community Support Teams (CST) provide direct support to adults with a diagnosis of mental illness, substance use, or co-morbid disorder who have complex and extensive treatment needs. This service consists of community-based mental health and substance use services, and structured rehabilitative interventions available 24-hours-a-day, 7-days-a-week, 365-days-a-year, intended to increase and restore a beneficiary's ability to live successfully in the community. The team approach involves structured, face-to-face therapeutic interventions that assist in reestablishing the beneficiary's community roles related to emotional, behavioral, social, safety, housing, medical and health, educational, vocational, and legal life domains. |
| *Assertive Community Treatment (ACT) | 8A-1 | An Assertive Community Treatment (ACT) team consists of a community-based group of medical, behavioral health, and rehabilitation professionals who use a person-centered, team approach to meet the needs of a beneficiary with severe and persistent mental illness (e.g. schizophrenia, other psychotic disorders such as schizoaffective disorder, and bipolar disorder) because these illnesses more often cause long-term psychiatric disability. A beneficiary who is appropriate for ACT may passively or actively resist services, does not benefit from receiving services across multiple, disconnected providers, and may |

| Service Category | Clinical Coverage Policy/NC Administrative Code | Service Description |
|---|---|---|
| | | <p>become at greater risk of hospitalization, homelessness, substance use, victimization, and incarceration. Assertive Community Treatment teams are the first-line (and generally sole provider) of all the services that an ACT beneficiary needs and interventions available 24-hours-a-day, 7-days-a-week, 365-days-a-year. ACT teams assist a beneficiary in advancing toward personal goals with a focus on enhancing community integration and regaining valued roles (example, worker, daughter, resident, spouse, tenant, or friend), promotes self-determination, respects the beneficiary as an individual, and promotes hope that the beneficiary can recover from mental illness and regain meaningful roles and relationships in the community.</p> |
| <p>*Partial Hospitalization</p> | <p>8A</p> | <p>Short-term service for acutely mentally ill children, providing a range of intensive therapeutic approaches such as: group activities or therapy, individual therapy, recreational therapy, community living skills or training. Designed to increase the individual’s ability to relate to others and to function appropriately and coping skills. Treatment planning begins upon admission and includes physician involvement in diagnosis, treatment, and discharge and is designed to prevent hospitalization or serve as a step-down from an inpatient facility.</p> |
| <p>*Mobile Crisis Management (MCM)</p> | <p>8A</p> | <p>Involves all support, services and treatments necessary to provide integrated crisis response, crisis stabilization interventions, and crisis prevention activities. Mobile Crisis Management services are available at all times, 24-hours-a-day, 7-days-a-week, 365-days-a-year. Crisis response provides an immediate evaluation, triage and access to acute mental health, intellectual/developmental disabilities, or substance abuse services, treatment, and supports to effect symptom reduction, harm reduction, or to safely transition persons in acute crises to appropriate crisis stabilization and</p> |

| Service Category | Clinical Coverage Policy/NC Administrative Code | Service Description |
|---------------------------------------|---|---|
| | | detoxification supports or services. These services include immediate telephonic or telehealth response to assess the crisis and determine the risk, mental status, medical stability, and appropriate response. |
| *Facility-Based Crisis (FBC) | 8A-2 | Alternative to hospitalization for eligible beneficiaries who present with escalated behavior due to a mental health, intellectual or development disability or substance use disorder and require treatment in a 24-hour residential facility. Intensive, short term medically supervised 24/7/365 service in a physically secure setting. Provides assessment and short-term therapeutic interventions under the direction of a psychiatrist and designed to prevent hospitalization by de-escalating and stabilizing acute responses to crisis situations. |
| *Inpatient Behavioral Health Services | 8-B | Inpatient Behavioral Health Services provide hospital treatment in a hospital setting for 24 hours a day. Supportive nursing and medical care are provided under the supervision of a psychiatrist or a physician. Service is designed to provide continuous treatment for beneficiaries with acute psychiatric or substance use problems. |

Sources: [NC Medicaid Division of Health Benefits Behavioral Health Clinical Coverage Policies](#); [Code of Federal Regulations](#); [NC Medicaid Behavioral Health/IDD Services](#)