

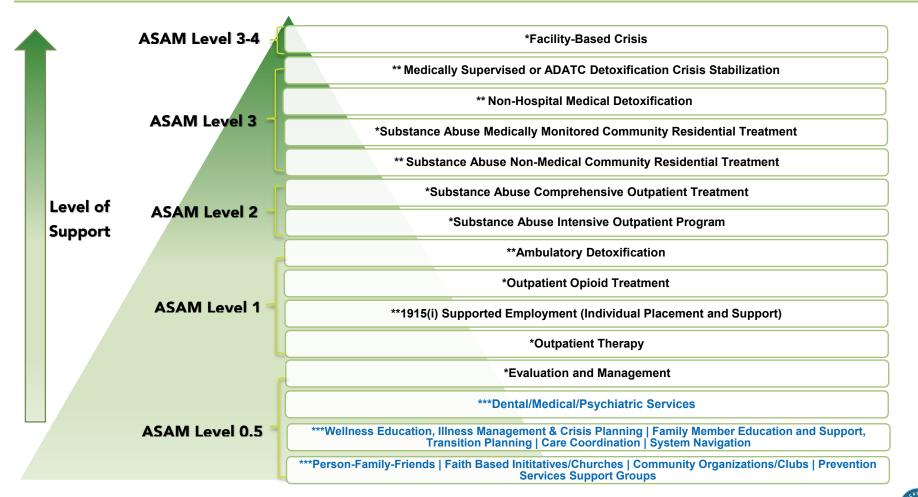
Transforming Lives. Building Community Well-Being.

## Adult Substance Use | Level of Care Continuum Services and Supports | Tip Sheet

See \*<u>Trillium Substance Use Benefit Plan</u> and for ×1915(i) services in development, refer to Trillium Benefit Plan and <u>B3 Service Definitions</u> until the <u>transition of 1915(b)(3) services to 1915(i) services</u> for required documents, authorization guidelines, and funding. See also American Society of Addiction Medicine \*\*<u>ASAM Criteria Assessment Interview Guide.</u>

\*\*\*Additional supports and recommendations

\*\* Contact Trillium Provider Network Services at <u>NetworkServicesSupport@TrilliumNC.org</u> for more information.



## Adult Mental Health | Medicaid Service Summary | Tip Sheet

See \*<u>Trillium Substance Use Benefit Plan</u>, and for ×1915(i) services in development, refer to Trillium Benefit Plan and <u>B3 Service</u> <u>Definitions</u> until the <u>transition of 1915(b)(3) services to 1915(i) services</u> for required documents, authorization guidelines, and funding. See also American Society of Addiction Medicine \*\*<u>ASAM Criteria Assessment Interview Guide</u>. \*\**Contact Trillium Provider Network Services at <u>NetworkServicesSupport@TrilliumNC.org</u> for more information.* 

Service Category	Clinical Coverage Policy/NC Administrative Code	Service Description
*Evaluation and Management (E and M)	<u>8A-5</u> <u>8C</u>	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	<u>8C</u>	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) Supported Employment- Individual Placement and Support (IPS)	<u>10A NCAC 27G .5801</u>	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

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		in a setting where individual's work alongside other peers who do not have disabilities. <u>IPS-SE</u> is a collaboration with NC-DHHS Division of Vocational Rehabilitation Services, LME/MCO Tailored Plans, and IPS provider teams. See <u>B3 Service Definitions</u> for Supported Employment. Note the <u>transition of 1915(b)(3) services to 1915(i) services</u> .
*Outpatient Opioid Treatment	<u>8A</u>	Designed to offer the beneficiary an opportunity to effect constructive lifestyle changes by using methadone or other drug approved by the Food and Drug Administration (FDA) for the treatment of opiate addiction in conjunction with the provision of rehabilitation and medical services. It is a tool in the detoxification and rehabilitation process of an opiate-dependent individual. This service must be provided at a licensed Outpatient Treatment Program 10A NCAC 27G .3600.
** Ambulatory Detoxification	<u>8A</u>	**Level 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring ASAM Criteria. Organized outpatient service delivered by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a predetermined schedule. Services are provided in regularly scheduled sessions and designed to treat the beneficiary's level of clinical severity to achieve safe and comfortable withdrawal from mood altering drugs (including alcohol) and to effectively facilitate the beneficiary's transition into ongoing treatment and recovery.
*Substance Abuse Intensive	<u>88</u>	**Level 2.1 Intensive Outpatient Services ASAM Criteria. Structured individual and group addiction activities and services provided at an outpatient program designed to assist adult and adolescent beneficiaries to begin recovery and

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Outpatient Program (SAIOP)		learn skills for recovery maintenance. Includes case management to arrange, link or integrate multiple services; and assessment/reassessment of the beneficiary's need for services. Informs the beneficiary about benefits, community resources, and services, assists the beneficiary in accessing benefits and services, arranges for the beneficiary to receive benefits and services, and monitors the provision of services.
*Substance Abuse Comprehensive Outpatient Treatment (SACOT)	<u>8A</u>	**Level 2.5 Partial Hospitalization ASAM Criteria. Periodic, time-limited service with a multi-faceted approach to treatment for adults who require structure and support to achieve and sustain recovery. Emphasizes reduction in use of substances or continued abstinence, the negative consequences of substance use, development of social support network and necessary lifestyle changes, educational and vocational skills leading to work activity by reducing substance use as a barrier to employment, social and interpersonal skills, improved family functioning, the understanding of addictive disease, and the continued commitment to a recovery and maintenance program. Includes case management to arrange, link or integrate multiple services and assessment/reassessment of the beneficiary's need for services.
** Substance Abuse Non- Medical Community Residential Treatment	<u>8A</u>	<ul> <li>**Level 3.5 Clinically Managed High-Intensity Residential Services ASAM Criteria.</li> <li>A 24-hour residential rehabilitation and recovery program delivered in a professionally supervised facility by trained staff who work intensively with adults with substance use disorders and provide or have the potential to provide primary care for their minor children. Evaluation and treatment to restore functioning for beneficiaries with an addiction disorder. Includes</li> </ul>

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		assessment, referral, individual and group therapy, family therapy, recovery skills training, disease management, symptom monitoring, monitoring medications and symptom management, aftercare, follow-up and access to preventive primary health care including psychiatric care. The facility may utilize services from another facility providing psychiatric or medical services.
*Substance Abuse Medically Monitored Community Residential Treatment (MMCRT)	<u>8A</u>	**Level 3.7 Medically Monitored Intensive Inpatient Services ASAM Criteria. A non-hospital rehabilitation facility for adults with 24-hour-a-day medical or nursing monitoring. Includes a planned program of professionally directed evaluation, care, and treatment to restore functioning for beneficiaries with alcohol and other drug use/misuse or addiction.
** Non-Hospital Medical Detoxification	<u>8A</u>	**Level 3.7-WM: Medically Monitored Inpatient Withdrawal Management ASAM Criteria. Organized service delivered by medical and nursing professionals, which provides for 24-hour medically supervised evaluation and withdrawal management in a permanent facility affiliated with a hospital or in a freestanding facility of 16 beds or less. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures and clinical protocols.
** Medically Supervised or ADATC	<u>88</u>	**Level 3.9-WM: Medically Supervised Detoxification Crisis Stabilization (NC) ASAM Criteria. Organized service delivered by medical and nursing professionals that provides for 24-hour medically supervised evaluation and

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Detoxification Crisis Stabilization		withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approved and monitored policies, procedures, and clinical protocols. Beneficiaries are often in crisis due to co-occurring severe mental disorders (e.g. acutely suicidal or severe mental health problems and co-occurring substance use disorder) and are in need of short-term intensive evaluation, treatment intervention or behavioral management to stabilize the acute or crisis situation. The service has restraint and seclusion capabilities. Established clinical protocols are followed by staff to identify beneficiaries with severe biomedical conditions who are in need of medical services beyond the capacity of the facility and to transfer such beneficiaries to the appropriate level of care.
*Facility-Based Crisis (FBC)	<u>8A</u>	Alternative to hospitalization for adults who have a mental illness or substance use disorder. This intensified short-term, medically supervised service is provided in 24-hour residential service sites or in a non-hospital setting for beneficiaries in need of short-term intensive evaluation, treatment intervention, or behavioral management to stabilize acute or crisis situations. Service objectives include assessment and evaluation of the condition(s) that have resulted in acute psychiatric symptoms, disruptive or dangerous behaviors, or intoxication from alcohol or drugs; to implement intensive treatment, behavioral management interventions, or detoxification protocols; to stabilize the immediate problems that have resulted in the need for crisis intervention or detoxification.

Sources: <u>NC Medicaid Division of Health Benefits Behavioral Health Clinical Coverage Policies</u>; <u>Code of Federal Regulations</u>; <u>NC Medicaid Behavioral Health/IDD Services</u>

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