

Adult MH/SA Benefit Package for State-Funded Services

The information on the tables below represents the *typical* amounts of units authorized for each service. UR Care Managers consider each consumer's situation individually and exceptions can be made if the need can be clinically justified.

IPRS funding for mental health and/or substance abuse services are authorized based on clinical need, financial eligibility and on the availability of funds. IPRS funding is not an entitlement. The expectation is that consumers will be served in the least restrictive and most effective manner possible to meet their needs. It is also an expectation that a consumer's functioning and symptoms will improve with treatment, which would lead to the tapering of services over time. It is **strongly** recommended that the clinician working with the consumer discuss discharge planning from the beginning of treatment, which will assist in empowering the consumer to use the tools acquired in treatment and improve their level of functioning. Consumers will not need services or the same intensity of services indefinitely. Inform the consumer of best practice guidelines and what treatment progression may look like in regards to their specific diagnosis/diagnoses.

Clinical need eligibility requires the consumer meet the criteria for a Adult Mental Health or Adult Substance Abuse target population (see criteria at <http://www.ncdhhs.gov/mhddsas/iprsmenu/>). Clinical need eligibility for the specific services is determined by meeting the criteria in the service definition **AND** the criteria described in the following table. Functional impairment in the consumer's life domains* must be clearly defined in authorization requests.

Requests for authorization should be made for the actual amount of units needed.

Example 1: If requesting outpatient treatment for a consumer receiving therapy one hour/week, the amount of units would be 48-52 for 90-day period.

Example 2: If the consumer were receiving therapy for one hour twice a month, the amount of units would be 24-32 for a 90-day period.

Example 3: If the consumer were receiving therapy for one hour/month, the amount of units to request would be 12-15 for a 90-day period.

There are times when a consumer may not need ongoing services but may need services when a crisis occurs. For example, a consumer may have successfully completed six months of outpatient therapy and a decision was made to discontinue services. However, that consumer may have experienced a stressful event (loss of loved one, job loss, etc.) and may need additional support. The clinician should then request a new authorization for the consumer to then resume therapy in order to address these issues

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Service Name	Service Description	Service Eligibility	Expected Outcomes	Service Guidelines
Benefit Eligibility Screening	The process of assisting the recipient with gathering information and completing documentation to determine the recipient's initial financial eligibility for IPRS funding.	In conjunction with BHO, SAIOP, or SACOT services only	<ul style="list-style-type: none"> ▪ Submission of complete documentation to allow the LME to verify the recipient's initial financial eligibility for IPRS funding 	<p>Completion of a Fee Application at least annually, or at the time of a change in the recipient's financial status. Such change might include a change in family size (marriage or birth) or income (from employment, Social Security, Child Support, etc.). Adult or Child (as applicable) Medicaid Screening forms are to be submitted with the Fee Application, regardless of service(s) requested, to ensure that the recipient has been screened for possible Medicaid eligibility. Recipients are to be referred immediately to the appropriate agency to initiate the Medicaid application process if it appears the recipient may qualify.</p> <p>Initial Auth: 1 unit minimum up to an 8 unit maximum for the 45 days</p> <p>Only the actual time spent by staff assisting the recipient with completing the Fee Application and/or acquiring any needed documentation may be billed.</p> <p>Re-Auth: none</p>

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Behavioral Health Outpatient (Basic Services)	Behavioral Counseling and/or Psychotherapy that is provided through scheduled therapeutic treatment sessions to individuals, families, or groups. Can be clinic, home or community based. Behavioral Health Outpatient authorization also includes psychiatric evaluation, treatment and medication management when indicated.	Adults with emotional, behavioral, and/or substance abuse problems that are causing functional impairment in at least one major life domains. - Adults with a substance use disorder must meet an ASA Target Population <u>AND</u> ASAM Level I criteria. - Adults with mental illness must meet AMI or AMSRE Target Population	<ul style="list-style-type: none"> ▪ Decrease in symptoms or symptoms effectively managed ▪ Improved functioning in major life roles and domains (family, interpersonal, vocational, school, etc.) ▪ Improved coping skills and capacity to manage stress 	Behavioral Health Outpatient (BHO) services are intended to be time-limited interventions, utilizing evidence-based approaches tailored to the consumer's presenting complaints and diagnoses. The course of treatment will typically include an initial active treatment phase, during which consumers are seen more frequently (i.e., 2-4 times per month), followed by gradual reduction in frequency of services as consumers make progress toward completion of treatment or transition to a maintenance treatment phase. A time-limited increase in frequency of treatment may be authorized to address crises or exacerbation of symptoms. Initial Auth: 52-55 units (H codes) or 13-16 events (CPT codes), per 90 days Re-Auth: 30 units or 9 events for 90 days Step down plan: From weekly to biweekly and taper as appropriate to meet consumer's needs. Typical LOS: 6-18 months or depending on consumer's needs

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<p>Community Support – Adult (CS-A) Individual and Group</p>	<p>Mental health and substance abuse rehabilitation services and supports necessary to assist the recipient in achieving and maintaining rehabilitative, sobriety, and recovery goals. The service is designed to assist recipients in acquiring skills to manage mental health and substance abuse problems, reduce impairment in major life domains, and minimize risk of relapse.</p>	<p>Meets service eligibility criteria as determined by Division of Medical Assistance Enhanced Mental Health and Substance Abuse Services definitions.</p> <ul style="list-style-type: none"> - Adults with a substance use disorder must meet an ASA Target Population <u>AND</u> ASAM Level I criteria. - Adults with mental illness must meet AMI or AMSRE Target Population <p>Limitations: If provided in conjunction with most Enhanced Benefit services, Community Support is limited to 8 units per month. Community Support cannot be authorized in conjunction with ACT or CST.</p>	<ul style="list-style-type: none"> ▪ Symptom reduction ▪ Increased coping skills ▪ Improved level of functioning ▪ Maintain recovery ▪ Use natural and social supports 	<p>Community Support should not typically be a “stand alone” service, and is usually intended to be a short-term service that is provided in conjunction with an appropriate complement of basic services (individual or group therapy, psychiatric evaluation, medication management, etc.). Emphasis is expected on linkage, referral and coordination activities that reduce barriers to progress and/or support clinical goals related to symptom reduction/amelioration and increased functioning.</p> <p>Initial Auth: 32 units for the first 30 days.</p> <p>Re-Auth: Up to 312 units (maximum of six hours/week) for 90 days</p> <p>Step down plan: Ongoing reduction over course of 4-10 months. After ten months, maintenance Community Support may be requested for 8 units per month based upon need and another review of the PCP.</p> <p>Typical LOS: 4-10 months</p>

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Community Support Team (CST)	<p>Mental health and substance abuse rehabilitation services and supports necessary to assist adults in achieving rehabilitative and recovery goals. This is an intensive community rehabilitation service that provides treatment and restorative interventions to: assist individuals to gain access to necessary services; reduce psychiatric and addiction symptoms; and develop optimal community living skills. Services offered by the CST shall be documented in a Person Centered Plan and must include: assistance and support for the individuals in crisis situations; service coordination; psycho-education and support for individuals and their families; individual restorative interventions for the development of interpersonal, community coping and independent living skills; development of symptom monitoring and management skills; monitoring medication; and self medication.</p>	<p>Meets service eligibility criteria as determined by Division of Medical Assistance Enhanced Mental Health and Substance Abuse Services definitions.</p> <ul style="list-style-type: none"> - Adults with a substance use disorder must meet an ASA Target Population <u>AND</u> ASAM Level I criteria at minimum. - Adults with mental illness must meet AMI Target Population <p>Limitations: CST cannot be authorized in conjunction with most Enhanced Benefit services except for purposes of transition (8 units max. per month) between CST and another service. CST cannot be authorized if the recipient's target population is AMSRE.</p>	<ul style="list-style-type: none"> ▪ Decreased symptoms and improved functioning ▪ Decreased crisis episodes ▪ Increased community tenure ▪ Increased personal satisfaction and independence ▪ Consumers will reside in independent or semi-independent living arrangements ▪ Engagement in the recovery process 	<p>Initial Auth: 32-48 units per 30 days</p> <p>Re-Auth: 144-216 units per 60 days</p> <p>Step down plan: Transition to lower level of care when expected outcomes have been accomplished and consumer is able to maintain level of functioning without significant risk of relapse when services are reduced in intensity.</p> <p>Typical LOS: 4-10 months</p>

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Assertive Community Treatment (ACT)	<p>The Assertive Community Treatment (ACT) Team is a service provided by an interdisciplinary team that ensures service availability 24 hours a day, 7 days per week and is prepared to carry out a full range of treatment functions wherever and whenever needed. This team serves recipients who have serious and persistent mental illness or co-occurring disorders, and is limited to those with the most severe symptoms and highest risk of inpatient hospitalization.</p>	<p>Meets service eligibility criteria as determined by Division of Medical Assistance Enhanced Mental Health and Substance Abuse Services definitions.</p> <p>Meets diagnostic criteria for a severe and persistent mental illness that results in serious functional impairment. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder.</p> <p>Limitations: ACT cannot be authorized in conjunction with most other services except for purposes of transition between ACT and another service. ACT cannot be authorized if the recipient's target population is AMSRE</p>	<ul style="list-style-type: none"> ▪ Symptom stability and appropriate use of medication ▪ Reduced use of crisis, inpatient psychiatric services, and criminal justice system involvement ▪ Restore personal, community living and social skills ▪ Improve and maintain physical health ▪ Establish and maintain access to entitlements, housing, work and social opportunities; ▪ Improve and maintain ability to function in major life domains (e.g., work, social, self-care) 	<p>Initial Auth: 4 events per 30 days</p> <p>Re-Auth: 4 events per month for 90 days</p> <p>Step down plan: Transition to lower level of care should be considered when expected outcomes have been accomplished and consumer is able to maintain level of functioning without significant risk of relapse when services are reduced in intensity.</p>
Psychosocial Rehabilitation (PSR)	<p>A Psychosocial Rehabilitation (PSR) service is a facility-based day program, provided at least 5 hours per day for 5 days per week, that is designed to help adults with psychiatric disabilities increase their functioning and develop skills necessary to live as independently as possible. Program focus is on developing skills necessary 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.</p>	<p>Meets service eligibility criteria as determined by Division of Medical Assistance Enhanced Mental Health and Substance Abuse Services definitions.</p> <p>Limitations: Cannot be provided during the same authorization with Partial Hospitalization or ACT.</p>	<ul style="list-style-type: none"> ▪ Increased capacity to manage symptoms of illness ▪ Increased level of functioning in multiple life domains ▪ Development of skills necessary to live as independently as possible in community and to access natural supports 	<p>Initial Auth: 936-1560 units per 90 days</p> <p>Re-Auth: 1872-3120 units per 6 months (3-5- days per week)</p> <p>Step down plan: Reduction in frequency of PSR participation should be pursued gradually as consumer makes progress on recovery, community inclusion, and vocational goals and is able to be linked to natural supports in the community</p>

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Substance Abuse Intensive Outpatient Program (SAIOP)	<p>The SAIOP is a time limited, multi-faceted treatment service for adults who require structure to achieve and sustain recovery. SAIOP meets a minimum of 3 hours per day, 3 times per week, with no more than 2 consecutive days between services.</p>	<p>The participant must have a substance dependency diagnosis and meet ASAM Level of Care criteria II.1.</p> <p>Limitations: SAIOP cannot be provided concurrently with most other enhanced services. Up to 8 units per month of Community Support can be requested, if clinically appropriate.</p>	<ul style="list-style-type: none"> ▪ Abstinence ▪ Sustained improvement in health and psychosocial functioning ▪ Reduction in psychiatric symptoms (if present) ▪ Use of natural and community supports to better sustain recovery 	<p>This service is typically most appropriate for clients who have been unsuccessful at less intensive levels of care, or for those clients stepping down from a more intensive service, such as inpatient or SACOT.</p> <p>Initial Auth: 36 events for 12 weeks</p> <p>Up to 8 units of behavioral health outpatient for assessment, if needed</p> <p>Up to 3 events of behavioral health outpatient for medication management, if needed, per 12 weeks</p> <p>Re-Auth: An additional two weeks may be requested, if appropriate (6 events)</p> <p>Step down plan: behavioral health outpatient</p> <p>Typical LOS: 12 weeks</p>

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Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)	<p>SACOT is a time-limited, multi-faceted approach treatment service for adults who require a highly structured, comprehensive program to achieve and sustain recovery. This service must operate at least 20 hours per week 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. Services must be available during both day and evening hours</p>	<p>The participant must have a substance dependency diagnosis and meet ASAM Level of Care criteria II.5.</p> <p>Limitations: SACOT cannot be provided concurrently with most other enhanced services. Up to 8 units per month of Community Support can be requested, if clinically appropriate.</p>	<ul style="list-style-type: none"> ▪ Abstinence ▪ Sustained improvement in health and psychosocial functioning ▪ Reduction in psychiatric symptoms (if present) ▪ Use of natural and community supports to better sustain recovery ▪ Reduction in public health and/or safety concerns 	<p>This service is typically most appropriate for clients who have been unsuccessful at less intensive levels of care, or for those clients stepping down from a more intensive service, such as inpatient.</p> <p>Initial Auth: 80 units per 30 days</p> <p>Up to 8 units of behavioral health outpatient for assessment, if needed</p> <p>Up to 2 events of behavioral health outpatient for medication management, if needed, per 30 days</p> <p>Re-Auth: 80 units per 30 days</p> <p>Step down plan: behavioral health outpatient and Community Support or Community Support Team</p> <p>Typical LOS: Average duration is 1-2 months</p>