

Child 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 Child Mental Health or Child 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
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.	Youth with emotional, behavioral, and/or substance abuse problems that are causing minimal functional impairment in 1-2 life domains*. For SA: ASAM Level I	<ul style="list-style-type: none"> ▪ Decrease in symptoms from problems ▪ Improved individual and family functioning ▪ Improved parenting skills 	Initial Auth: 48-54 units (H codes) 12-15 events (CPT codes) Per 90 days Re-Auth: 48-54 units 1-16 events (90 days) Step down plan: Weekly sessions, tapering as appropriate
Community Support – Child and Adolescent (CS) Individual and Group	Direct interventions with youth & families to assist with skill enhancement or acquisition related to consumer goals on the PCP. These would be skills necessary to adapt to home, school, work and other natural environments. CS <i>includes</i> case management to arrange, link or integrate multiple services. The service includes providing “first responder” crisis response on a 24/7/365 basis to consumers.	Youth with significant functional impairment (at least 2 identified needs) in 1-2 life domains*. For SA: Any ASAM Level of Care in coordination with other services as appropriate Limitations: If provided in conjunction with Enhanced Benefit services, Community Support is limited to 8 units per month.	<ul style="list-style-type: none"> ▪ Symptom stability ▪ Increased coping skills ▪ Improved level of functioning in home, school and/or community ▪ For substance abusers, the expected outcomes include the achievement of goals regarding their substance use 	Initial Auth: 32 units per 30 days Re-Auth: Up to 416 units per 90 days (avg up to 8 hrs/week) Step down plan: Decrease intensity as appropriate Typical LOS: 6-9 mos/longer if cl is in residential or day tx svcs Best if provided in coordination with BHO
Intensive In-Home (IIH)	A time limited (4-6 months) intensive family preservation intervention intended to prevent out of home placements, stabilize the living arrangement, or promote reunification. The IIH team “wraps” services around the family to include therapy, behavior management, and case management functions.	Youth between the ages of 7-17 with significant functional impairment in 2 or more life domains*. This would include behaviors and/or characteristics from the following: <ul style="list-style-type: none"> ▪ At risk of out of home placement ▪ Severely unstable living environment with inconsistent structure & family conflict ▪ Moderate to severe defiance & disrespect for authority ▪ Family willing to participate in the treatment process as an alternative to residential tx For SA: ASAM Level II	<ul style="list-style-type: none"> ▪ Stabilized living arrangement ▪ Crisis needs resolved ▪ Linkage has been made with needed community service and resources ▪ Youth has gained living skills ▪ Parenting skills have been increased ▪ Family has increased capacity to monitor and manage the youth’s behavior ▪ Family has developed strategies and supportive interventions for avoiding out-of-home placements Need for out of home placements has been reduced and/or eliminated	Initial Auth: 16 contacts per 30 days Re-Auth: 20 contacts per 60 days Step down plan: 16 contacts per 60 days Typical LOS: 3-5 months

*Life Domains: Emotional/Mood/ Relationships (family, friends, etc), School/Work, Legal/Recreational, Physical Health, Spiritual (values, beliefs, etc)

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Multisystemic Therapy (MST)	<p>MST is a time limited (3-5 months) intensive community & family based service designed for youth (ages 12-17) with anti-social, aggressive/violent, and delinquent behaviors. Services include: an initial assessment to identify the focus of the MST intervention; individual therapeutic interventions with the youth and family; peer intervention; case management; and crisis stabilization. Specialized therapeutic and rehabilitative interventions are available to address special areas such as substance abuse. Services are available in-home, at school, and in other community settings. MST involves families and other systems such as the school, juvenile court, extended families, and community connections.</p>	<p>Youth between the ages of 12-17 with significant functional impairment in 2 or more life domains*. This would include behaviors and/or characteristics from the following:</p> <ul style="list-style-type: none"> ▪ Risk of out of home placement ▪ Severely unstable living environment with inconsistent structure ▪ <i>Chronic</i>, violent delinquent behavior ▪ SA problems ▪ <i>Severe</i> problems at school ▪ <i>Serious</i> disrespect and disobedience ▪ Aggressive behavior (fighting and property destruction) ▪ Criminal behavior/Court involved youth ▪ Gang involved youth ▪ Alternative to residential tx <p>For SA: ASAM Level I or II</p>	<ul style="list-style-type: none"> ▪ Improved communication, psychosocial, and problem solving skills ▪ Willful behavioral misconduct has been reduced/eliminated (e.g. theft, property destruction, assault, truancy or substance abuse/use) ▪ Family has increased capacity to monitor and manage the youth's behavior ▪ Family has developed strategies and supportive interventions for avoiding out-of-home placements ▪ Need for out of home placement has been reduced/eliminated 	<p>Initial Auth: 160 units per 30 days</p> <p>Re-Auth: 320 units per 60 days</p> <p>Step down plan: 200 units per 60 days</p> <p>Typical LOS: 3-5 months</p>
Day Treatment	<p>A structured facility based treatment service program that builds on the youth's strengths and addresses the identified functional problems of each individual child or adolescent. Interventions include:</p> <ul style="list-style-type: none"> ▪ Behavioral interventions & management ▪ Social and other therapeutically relevant skill development ▪ Adaptive skill training ▪ Enhancement of communication and problem-solving skills, <p>The program <i>may</i> have an academic component (but may not bill for that)</p>	<ul style="list-style-type: none"> ▪ Youth between the ages of 3-17 (depending on the specific program) who are unable to function in their academic, social, vocational, or community group settings due to significant functional impairment caused by emotional or behavioral problems. ▪ Youth experiencing multiple suspensions or at risk of significant school disruption (long term suspensions, expulsion) 	<ul style="list-style-type: none"> ▪ Development of strategies & coping skills to minimize behaviors interfering in functioning in the school setting ▪ Satisfactory school progress ▪ Positive interactions with school staff & peers ▪ Successful reintegration into school settings or transition into employment ▪ Improved level of functioning in a school setting. 	<p>Initial Auth: 260 units per 60 days</p> <p>Re-Auth: 390 units per 90 days</p> <p>Step down plan: 260 units per 60 days w/ specific transition plan</p> <p>Typical LOS: 5-9 months</p>

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Respite	A 24-hour service that provides temporary, periodic relief for the families of youth with diagnosable mental illness or substance abuse treatment needs.	Youth experiencing mild to moderate behavioral and/or emotional symptoms disruptive to family relationships and routine daily living.	Service shall lessen the risk of out of home placement by allowing youth and families a break from tension and/or escalating family dynamics.	Provider must be licensed according to DSS 131-D family setting homes. Initial Auth.: 12-24 days within 3 months Re-Auth: 4 days monthly up to 9 months Average LOS: 1 yr.
Residential Treatment Level I – Family Type	A 24-hour service that provides individualized structure and supervision through therapeutic activities to achieve and sustain functional daily living skills	Youth experiencing moderate affective, cognitive, behavioral or development delays with increasing difficulty living at home with frequent conflict, verbal aggression with occasional physical aggression aimed at property, self or others.	Service shall improve relationship skills and age appropriate daily living skills for the consumer.	Provider must be licensed according to DSS 131-D family setting homes. Initial Auth.: 90 days Re-Auth: 90 days Average LOS: 6–9 mos
Residential Treatment Level II – Family Type	A 24-hour service that provides individualized, intensively corrective and dominant supervision and structure through therapeutic activities to achieve and sustain functional daily living skills. This service is provided in a family's home. The therapeutic parent is not necessarily awake during sleep time, but must be constantly available to respond to a youth's needs whether in the home setting or community, except for periods of respite.	Youth experiencing functional deficits in daily living skills, anger management, social skills, family living skills, communication and ability to manage stress and relationships.	Service shall improve age appropriate daily living skills, behavior and relationships observable in all settings.	Provider must be licensed according to DSS 131-D family setting homes. Initial Auth: 60 days Re-Auth.: 60 days Average LOS: 8–14 mos
Residential Treatment Level II (.1300)	A 24-hour, licensed group home service that provides a structured living environment designed to address the functioning level of a youth including training in self-control, communication skills, social skills, and recreational skills. Staff is not necessarily awake during sleep time, but must be constantly available to respond to the youth's needs.	Youth must be experiencing moderate to severe functional problems (e.g. severe conflict with concern for managing personal health, welfare, and safety without intense support and supervision). Family is unable to participate in treatment that could increase the likelihood of improved safety & supervision.	Service shall improve age appropriate daily living skills, behavior and relationships observable in all settings. behavior and relationships to allow return to the natural home or step-down to a lower level of care.	Must be a DHSR licensed and LME endorsed facility. Initial Auth.: 60 days Re-Auth.: 60 days Average LOS: 8–14 mos

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Residential Treatment Level III (.1700)	A 24-hour, licensed group home service that provides all elements of family or program type residential treatment, as well as, continuous awake supervision, intensive structure and containment of frequent and grossly inappropriate behavior. Youth receive four hours of treatment per week aimed at the replacement of inappropriate behavior with new skill acquisition. Behavioral programming seeks to ensure safety while containing out-of-control behaviors with frequent crisis management that may include physical restraint.	Youth must be experiencing severe functional problems including frequent relational conflict, limited behavioral functioning, aggression toward property, self or others, and deficits in ability to manage health, welfare and safety without intensive support and supervision. Removal from the home setting is required as the family is unable to participate in outpatient or home-based treatment that could increase the likelihood of improved safety & supervision.	Service shall improve age-appropriate, functional skills, with increased self control, communication, social and recreational skills that allow return home or step-down to a less intensive residential treatment setting.	Must be a DHSR licensed and LME endorsed facility. Initial Auth.: 60 days Re-Auth.: 60 days Average LOS: 10 – 16 mos
Residential Treatment Level IV (.1800)	A 24-hour licensed facility that, in addition to Residential Treatment Level III, provides medically supervised, secure treatment including school, psychiatric, nursing, vocational and recreational services. Interventions ensure containment and safety from disruptive behaviors and may require physical restraints and containment in time-out rooms.	Youth must be experiencing extreme behavioral outbursts, or dangerous behavior including disruption of age-appropriate participation in community based activities including school, work or recreation. These outbursts are frequently accompanied by potentially life threatening, high risk behaviors and inability to accept direction and supervision from caretakers or family members.	Service shall assist youth in developing symptom management skills and improved functioning in affected life domains*such that return to the home or step-down to a lower level of residential treatment is possible.	Must be a DHSR licensed and LME endorsed facility. Initial Auth.: 60 days Re-Auth.: case specific Average LOS: case specific
Psychiatric Residential Treatment Facility (PRTF)	A 24-hour, endorsed facility that provides non-acute inpatient services for youth who have documented certification of need for this most restrictive level of residential treatment. This level of care may be court-ordered as a result of criminal behavior but will require documented medical necessity beyond social or economic needs. to address symptoms of a diagnosed mental health and/or substance abuse disorder.	Youth must need to stabilize risk taking behavior before intensive, community based treatment can be implemented. Youth have a history of psychiatric hospitalizations, and failed attempts at less restrictive levels of care due to poor treatment compliance or effectiveness.	Service shall stabilize risk-taking behavior such that a level of functioning is attained to allow further treatment in a less restrictive setting.	Must be a DHSR licensed and DHHS endorsed facility. Initial Auth.: 60 days Re-Auth.: case specific Average LOS: case specific

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