



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary

July 18, 2022

SIGNATURE REQUEST MEMORANDUM

TO: Kody H. Kinsley, Secretary

THROUGH: Dave Richard, Deputy Secretary

^{DS}
Dr

FROM: Cecilia Williams, SPA Coordinator

RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2022-0019

Purpose

Attached for your review and signature is a Medicaid State Plan amendment, summarized below, and submitted on July 18, 2022, with a due date of September 30, 2022.

Clearance

This amendment has been reviewed for both accuracy and completeness by:

Cecilia Williams, Betty J. Staton, Emma Sandoe, Melanie Bush, Lotta Crabtree, Adam Levinson and Dave Richard.

Background and Summary of Request

It is recommended that you sign the State Plan Amendment submission per Centers for Medicare and Medicaid Services (CMS) protocol as head of the Single State Agency administering the Medicaid program.

The State Plan Amendment (SPA) requests authority for the following change to the NC Medicaid State Plan.

- This state plan change will remove prior approval requirement to align with the Mental Health Parity and Addiction Act of 2008. This service falls under the “Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services” section of the state plan. Mobile Crisis Management involves all supports, services and treatment necessary to provide integrated crisis response, crisis stabilization interventions and crisis prevention activities.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me or Cecilia Williams at (919) 270-2530.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • OFFICE OF THE SECRETARY

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

4.b.(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)
Description of Services

(f) Mobile Crisis Management

This involves all supports, services, and treatments necessary to provide integrated crisis response, crisis stabilization interventions and crisis prevention activities. It is available 24/7/365 and provides immediate evaluation, triage and access to acute MH/DD/SAS services, treatment, supports to effect symptom reduction, harm reduction and/or to safely transition persons in acute crisis to the appropriate environment for stabilization. It is provided by a team that includes a Qualified Professional who must be either, a nurse, a clinical social worker or psychologist. Teams include substance use professionals, and a psychiatrist must be available for in-person, telehealth, or telephonic consults. Paraprofessionals with crisis management experience may also be included on the team but must work under the supervision of a professional. Experience with the appropriate disability group is required and 20 hours of crisis intervention training within the first 90 days of employment is necessary. Concurrent reviews may occur after 32 units of service has been rendered to determine ongoing medical necessity. Documentation must include: a service note that includes the recipient's name, Medicaid identification number, date of service, place of service, purpose of contact, describes the provider's interventions, includes the time spent performing the interventions, effectiveness of the intervention, and the signature of the staff providing the service.

TN No.: 22-0019

Supersedes

TN No.: 09-017

Approval Date:

Effective Date: 07/01/2022