



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

March 18, 2021

James Scott, Director
Division of Program Operations
Department of Health & Human Services
Centers for Medicare & Medicaid Services
601 East 12th Street Room 355
Kansas City, Missouri 64106

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2021-0001

Dear Mr. Scott:

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected pages are Attachments 3.1-A.1, Page 7c.9b, Page 15a.8 and Attachment 4.19-B, Section 13, Page 4, and Page 5.

This state plan change will allow Medicaid to update program page language regarding Professional Treatment Services in Facility Based Crisis (FBC) Program - Children and Adolescents. This state plan change also adds the reimbursement methodology changes for Professional Treatment Services in Facility Based Crisis Programs (FBC) - Children and Adolescents. Facility Based Crisis (FBC) is an existing short-term service that serves as an alternative to hospitalization for recipients who have mental illness/substance abuse disorder or in crisis.

This amendment is effective January 1, 2021

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Arthur Becton at 919-527-7105.

Sincerely,

A handwritten signature in black ink that reads "Mandy K. Cohen".

Mandy Cohen, MD, MPH
Secretary

Enclosures

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

(k) Professional Treatment Services in Facility-Based Crisis Program – Children and Adolescents
(continued)

The staff member responsible for furnishing the above treatment interventions shall be selected from the list of qualified providers on pages 7c.9b, 7c.9c and 7c.9d, based on their qualifications and scope of practice, and will be specified in the Person Centered Plan. Each facility shall have staff ratios, trained staff, and protocols and procedures in conformance with State policies and rules.

Aftercare planning includes: (aftercare planning is the responsibility of the Qualified Professional)

Discharge planning which begins at admission, including:

- arranging for linkage to new or existing services that will provide further treatment, habilitation and/or rehabilitation upon discharge from the Facility-Based Crisis service.
- arranging for linkage to a higher level of care as medically necessary;
- identifying, linking to, and collaborating with informal and natural supports in the community; and
- developing or revising the crisis plan to assist the recipient and his or her supports in preventing and managing future crisis events.

This is a short-term service that is not reimbursable for more than 45 days in a 12-month period. This service is designed as a time-limited alternative to hospitalization for an individual in crisis.

Providers are required to staff programs according to population designation above. Staff eligible to provide this service include: Board-eligible or board certified child psychiatrist or a general psychiatrist with a minimum of two years' experience in the treatment of children and adolescents, Licensed Practicing Psychologists, Licensed Professionals (Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Clinical Addiction Specialists, Licensed Marriage and Family Therapists, Registered Nurses, Licensed Practical Nurse, Qualified Professionals, Associate Professional and/or Paraprofessionals with disability-specific knowledge, skills, and abilities required by the population and age to be served. Associate Professionals and Paraprofessionals will be supervised according to 10A NCAC 27G .0203 - .0204. The program shall be under the supervision of a psychiatrist, the licensed professional provides clinical supervision to the program, and the program shall have the capacity to provide more intensive supervision in response to the needs of individual clients.

Associate Professional (AP) within the mental health, developmental disabilities, and substance abuse services (MH/DD/SAS) system of care means an individual who is a:

13. D. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)
Description of Services

(ix) Professional Treatment Services in Facility-Based Crisis Programs (FBC)

This existing service serves as an alternative to hospitalization for recipients who have mental illness/ substance abuse disorder. It is a 24-hour residential facility that provides support and crisis services in a community setting. The services are provided under the supervision of a physician with interventions implemented under the physician direction. The purpose is to implement intensive treatment, behavioral management, interventions or detoxification protocols, to stabilize the immediate problems and to ensure the safety of the individual.

- Evaluation (assesses condition),
- Intensive treatment,
- Stabilization (behavioral management),
- Monitoring response to interventions; and
- Provide linkage for other services.

It is offered 7 days/week and must be provided in a licensed facility. At no time will the staff to recipient ratio be less than 1:6 for adult mental health recipients, 1:9 for substance abuse recipients. This is a short-term service that does not exceed 15 consecutive days and cannot exceed a total of 45 days in a 12-month period. Documentation must include: a daily full service note that includes the recipient's name, Medicaid identification number, date 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. Prior approval will be required via the statewide UR vendor or by an approved LME contracted with the Medicaid Agency and meeting the same standards and requirements as the statewide vendor at the end of 7 days if additional days are needed. This initial prior approval process will ensure that the level of the service is appropriate and concurrent reviews will determine the ongoing medical necessity for the service or the need to move up or down the continuum of services to another level of care. This service must be provided in a facility with 16 beds or less. Medicaid reimburses only treatment costs.

MEDICAL ASSISTANCE
State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

4) Professional Treatment Services in Facility Based Crisis Programs (Adult – S9484)

Payment for Professional Treatment Services in Facility Based Crisis Programs is based on a per 1 hour increment. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.8, Paragraph 13.D., sub paragraph (ix). Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Professional Treatment Services in Facility Based Crisis Programs. The agency's fee schedule rate of \$15.93 per hour was set as of January 1, 2021 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://medicaid.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

5) Facility-Based Crisis Program – Children and Adolescents (S9484 HA)

Payment for Facility-Based Crisis – Children and Adolescents is based on a per 1-hour increment. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.9a, Paragraph 4.b.(8), subparagraph (k). Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Facility-Based Crisis Program – Children and Adolescents. The agency's fee schedule rate of \$15.93 per hour was set as of January 1, 2021 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://medicaid.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing Room and board for this service.

TN. No. 21-0001
Supersedes
TN. No. 14-032

Approval Date:

Effective Date: 01/01/2021