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To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP.

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Related Clinical Coverage Policies
Refer to https://medicaid.ncdhhs.gov/ for the related coverage policies listed below:
CCP 8B, ASAM Level 4, Medically Managed Intensive Inpatient Services
CCP 8B, ASAM Level 4WM, Medically Managed Intensive Inpatient Withdrawal Management

1.0 Description of the Procedure, Product, or Service

Medically Monitored Intensive Inpatient Services, American Society of Addiction Medicine Criteria (ASAM) Level 3.7, is a non-hospital rehabilitation facility-based service for an adult or adolescent beneficiary with a substance use disorder. This service is for a beneficiary who needs intensive medical or psychological monitoring in a 24-hour setting.

Medically Monitored Intensive Inpatient services function under a defined set of policies, procedures, and clinical protocols for a beneficiary whose biomedical and emotional, behavioral, or cognitive problems are so severe that they require subacute inpatient treatment, but who do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. This service is provided by a multidisciplinary team.

This service can be provided to the following beneficiaries:
a. Refer to **Attachment B** - Adolescents, High-Intensity
b. Refer to **Attachment C** - Adults

1.1 Definitions

The ASAM Criteria

The American Society of Addiction Medicine Criteria is a comprehensive set of treatment standards for addictive, substance-related, and co-occurring conditions. The ASAM Criteria uses six dimensions to create a holistic, biopsychosocial assessment to be used for service planning and treatment. The six dimensions are:
1. Acute Intoxication and Withdrawal Potential;
2. Biomedical Conditions and Complications;
3. Emotional, Behavioral, or Cognitive Conditions and Complications;
4. Readiness to Change;
5. Relapse, Continued Use, or Continued Problem Potential; and
6. Recovery and Living Environment.

Clinical Institute Withdrawal Assessment of Alcohol Scale

Revised (CIWA-AR) is defined as a tool used to assess and diagnose the severity of alcohol withdrawal.

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

(*The term "General" found throughout this policy applies to all Medicaid*)

a. An eligible beneficiary shall be enrolled in the NC Medicaid Program *(Medicaid is NC Medicaid program, unless context clearly indicates otherwise*).
b. Provider(s) shall verify each Medicaid beneficiary's eligibility each time a service is rendered.
c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.1.2 Specific

(***The term "Specific" found throughout this policy only applies to this policy***)

a. <u>Medicaid</u>

An applicant may be approved for Medicaid if the applicant meets all eligibility requirements. A beneficiary may become retroactively eligible for Medicaid while receiving covered services.

A retroactively eligible beneficiary is entitled to receive Medicaid covered services and to be reimbursed by the provider for all money paid during the retroactive period except for any third-party payments or cost-sharing amounts. The qualified provider may file for reimbursement with Medicaid for these services.

b. **<u>Populations Served</u>**

Medicaid shall cover Medically Monitored Intensive Inpatient Services for an eligible beneficiary who is either an adolescent aged 10-17 or an adult 18 years of age and older, and who meets the criteria in **Section 3.0** of this policy.

2.2 Special Provisions

2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

a. **42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible,

compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services must be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, experimental or investigational;
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

b. **EPSDT and Prior Approval Requirements**

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide,* and on the EPSDT provider page. The Web addresses are specified below.

   NCTracks Provider Claims and Billing Assistance Guide: https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html

   EPSDT provider page: https://medicaid.ncdhhs.gov/

3.0 When the Procedure, Product, or Service Is Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

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3.1 General Criteria Covered

Medicaid shall cover the procedure, product, or service related to this policy when medically necessary, and:

a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by Medicaid

Medicaid shall cover Medically Monitored Intensive Inpatient Services when the beneficiary meets ALL the following criteria:

a. has a current substance use disorder (SUD) diagnosis as defined by the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5), or any subsequent editions of this reference material; and
b. meets American Society of Addiction Medicine (ASAM Criteria) Third Edition, 2013 for ASAM Level 3.7 Medically Monitored Intensive Inpatient Services admission criteria.

3.2.2 Admission Criteria

a. A comprehensive clinical assessment (CCA) is not required before admission to Medically Monitored Intensive Inpatient Services.
b. The physician, physician assistant, or nurse practitioner shall conduct an initial abbreviated assessment to establish medical necessity for this service and develop a service plan as a part of the admission process.
c. The initial abbreviated assessment must contain the following documentation in the beneficiary's service record:
    1. presenting problem;
    2. needs and strengths;
    3. a provisional or admitting diagnosis;
    4. a physical examination performed by the physician, physician assistant, or nurse practitioner within 24 hours of admission, along with all appropriate laboratory and toxicology tests;
    5. a pertinent social, family, and medical history; and
    6. other evaluations or assessments as appropriate.
d. A licensed professional shall complete a comprehensive clinical assessment within ten (10) calendar days of admission to determine an ASAM level of care to substantiate placement and initiate discharge planning. The abbreviated assessment is used as part of the current comprehensive clinical assessment. Diagnostic information is obtained and becomes part of the treatment or service plan.

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3.2.3 Continued Stay Criteria

The beneficiary meets the criteria for continued stay at the present level of care when any ONE of the following applies:

a. The beneficiary has achieved initial Person-centered Plan (PCP) goals and requires this service in order to meet additional goals;
b. The beneficiary is making some progress, but the PCP (specific interventions) needs to be modified so that greater gains, which are consistent with the beneficiary's pre-morbid level of functioning, are possible or can be achieved; or
c. The beneficiary is not making progress, regressing or new symptoms have been identified. The PCP must be modified to identify more effective interventions.

3.2.4 Discharge Criteria

The beneficiary shall meet the criteria for discharge if any ONE of the following applies:

a. The beneficiary has met the goals documented in the PCP, thus resolving the symptoms(s) that justified admission to the present level of care; and continuing the chronic disease management of the beneficiary's condition at a less intensive level of care is indicated;
b. The beneficiary has been unable to resolve the symptom(s) that justified admission to the present level of care, or symptom(s) have intensified despite ongoing evaluation and updates to the PCP, and an updated CCA or DA indicates transfer to a different level of care is needed;
c. The beneficiary has demonstrated a lack of progress due to diagnostic or co-occurring conditions that limit the ability to alleviate the beneficiary's symptom(s), and an updated CCA or DA indicates transfer to a different level of care is needed; or
d. The beneficiary or their legally responsible person requests a discharge from Medically Monitored Intensive Inpatient Program services.

3.2.5 Medicaid Additional Criteria Covered

None apply.

4.0 When the Procedure, Product, or Service Is Not Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

4.1 General Criteria Not Covered

Medicaid shall not cover the procedure, product, or service related to this policy when:

a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0;**
b. the beneficiary does not meet the criteria listed in **Section 3.0;**

c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by Medicaid

Medicaid shall not cover the following activities:

a. Transportation for the beneficiary or family members;
b. Any habilitation activities;
c. Time spent attending or participating in recreational activities unless tied to specific planned social skill assistance;
d. Clinical and administrative supervision of Medically Monitored Intensive Inpatient Services staff, which is covered as an indirect cost and part of the rate;
e. Covered services that have not been rendered;
f. Childcare services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision;
g. Services provided to teach academic subjects or as a substitute for education personnel;
h. Interventions not identified on the beneficiary's service plan;
i. Services provided to children, spouse, parents, or siblings of the beneficiary under treatment or others in the beneficiary's life to address problems not directly related to the beneficiary's needs and not listed on the service plan; and
j. Payment for room and board.

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

5.1 Prior Approval

Medicaid shall not require prior approval for Medically Monitored Intensive Inpatient Services upon admission through the first three (3) calendar days of services.

5.2 Prior Approval Requirements

5.2.1 General

None Apply

5.2.2 Specific

None Apply

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5.3 Utilization Management and Additional Limitations

5.3.1 Utilization Management

Utilization management of covered services is part of the assurance of medically necessary service provision. Authorization, which is an aspect of utilization management, validates approval to provide a medically necessary covered service to an eligible beneficiary. All utilization review activity must be documented in the service record and maintained by the program.

Services are based upon a finding of medical necessity, must be directly related to the beneficiary's diagnostic and clinical needs, and are expected to achieve the specific rehabilitative goals detailed in the beneficiary's PCP. Medical necessity is determined by North Carolina community practice standards, according to 10A NCAC 25A .0201 as verified by the Prepaid Inpatient Health Plan (PIHP), Prepaid Health Plan (PHP), or utilization management contractor who evaluates the request to determine if medical necessity supports intensive services.

Medically necessary services are authorized in the most cost-effective modes, if the treatment that is made available is similarly effective as services requested by the beneficiary's physician, therapist, or another licensed practitioner. The medically necessary service must be recognized as an accepted method of medical practice or treatment.

To request an initial authorization, the CCA or DA, service order for medical necessity, the PCP and the required NC Medicaid authorization request form must be submitted to the PIHP, PHP, or utilization management contractor within the first three (3) calendar days of service initiation.

Concurrent reviews determine the ongoing medical necessity for the service. Providers shall submit an updated PCP and any authorization or reauthorization forms required by the PIHP, PHP, or utilization management contractor.

5.3.2 Additional Limitations and Requirements

Medically Monitored Intensive Inpatient Service must not be provided and billed on the same day (except for the day of admission and discharge) as:

a. Residential levels of care;
b. Withdrawal management services;
c. Outpatient Behavioral Health Services;
d. Substance Abuse Intensive Outpatient Program (SAIOP);
e. Substance Abuse Comprehensive Outpatient Treatment (SACOT);
f. Assertive Community Treatment (ACT);
g. Community Support Team (CST);
h. Supported Employment;
i. Psychiatric Rehabilitation (PSR);
j. Peer Support Services (PSS);
k. Partial Hospitalization;
l. Facility Based Crisis (adult);

m. Facility Based Crisis (adolescent); and
n. Mobile Crisis Management (MCM).

5.4 Service Order

A service order is a mechanism to demonstrate medical necessity for a service and is based upon an assessment of the beneficiary's needs. A signed service order must be completed by the physician, a physician assistant, or nurse practitioner, according to their scope of practice. A service order is valid for the episode of care. Medical necessity must be revisited, and service must be ordered based on episode of care if multiple episodes of care are required within a 12-month period.

All of the following apply to a service order:
a. Backdating of the service order is not allowed;
b. Each service order must be signed and dated by the authorizing professional and must indicate the date on which the service was ordered;
c. A service order must be in place prior to or on the first day that the service is initially provided, to bill Medicaid for the service. Even if the beneficiary is retroactively eligible for Medicaid, the provider cannot bill Medicaid without a valid service order.

5.5 Documentation Requirements

The service record documents the nature and course of a beneficiary's progress in treatment. To bill Medicaid, providers shall ensure that their documentation is consistent with the requirements contained in this policy. This service requires a shift note to be completed for every shift of service provided.

Events in a beneficiary's life which require additional activities or interventions are documented over and above the minimum frequency requirement.

To bill Medicaid, providers shall ensure that their documentation is consistent with the requirements contained in this policy. The staff member who provides the service is responsible for timely and accurate documentation in the service record that is billed to and reimbursed by Medicaid. Service and shift notes must meet the requirements of the DHHS Records Management and Documentation Manual. Medication administration records (MAR) or electronic MARs must meet requirements of 10A NCAC 27G .0209 (c)(4).

6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

a. meet Medicaid qualifications for participation;
b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

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6.1 Provider Qualifications and Occupational Licensing Entity Regulations

Medically Monitored Intensive Inpatient Services must be delivered by a provider employed by substance abuse treatment organizations that:

a. Meets the provider qualification policies, procedures, and standards established by NC Medicaid;
b. Meets the requirements of 10A NCAC 27G Rules for Mental Health Developmental Disabilities, and Substance Abuse Facilities and Services;
c. Demonstrates that they meet these standards by being credentialed and contracted by the DHHS designated contractor;
d. Achieves national accreditation with at least one of the designated accrediting agencies within one (1) year of enrollment as a provider with NC Medicaid; and
e. Becomes established as a legally constituted entity capable of meeting all the requirements of the Provider Certification Medicaid Enrollment Agreement, Medicaid Bulletins and service implementation standards.

This service must be provided in a facility licensed by the NC Division of Health Service Regulation Mental Health Licensure and Certification Section under 10A NCAC 27G Section .3400 Residential Treatment Rehabilitation for Individuals with Substance Abuse Disorders. Refer to Tribal & Urban Indian Health Centers | HRSA when the service is provided by an Indian Health Service (IHS) or 638 contract or compact operated by a Federally Recognized Tribe as allowed in 25 USC Ch. 18: INDIAN HEALTH CARE §1621t Licensing and §1647a Nondiscrimination under Federal health care programs in qualifications for reimbursement services.

6.2 Provider Certifications

The Provider Certification for Medically Monitored Intensive Inpatient Services is identified in the following population specific attachments:

a. Refer to **Attachment B** – Adolescents, Section B – Population Specific Provider Requirements.
b. Refer to **Attachment C** – Adults, Section B – Population Specific Provider Requirements.

6.3 Program Requirements

Medically Monitored Intensive Inpatient Services is an American Society of Addiction Medicine (ASAM) Level 3.7 for a beneficiary whose subacute biomedical and emotional, behavioral, or cognitive problems are so severe that they require subacute inpatient treatment, but does not need the full resources of an acute care general hospital or medically managed inpatient treatment program. Medically Monitored Intensive Inpatient Services may be offered in a freestanding, appropriately licensed facility located in a community setting, or a specialty unit in a general or psychiatric or other licensed health care facility.

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Medically Monitored Intensive Inpatient Services staff are able to assess and treat the beneficiary and to obtain and interpret information regarding the beneficiary's substance use or psychiatric disorder. Clinical staff shall be knowledgeable about the biological and psychosocial dimensions of addiction and other behavioral health disorders. Programs shall ensure that a beneficiary admitted to Medically Monitored Intensive Inpatient Services completes a physical examination by a physician, physician assistant, or nurse practitioner within 24 hours of admission. A physician shall be available by phone for consultative purposes 24 hours a day, seven (7) days a week.

This facility must be in operation 24 hours a day, seven (7) days a week. The facility must have a physician available to provide medical evaluations and consultation 24 hours a day, according to treatment and transfer practice protocols and guidelines. This service must be available for admission seven (7) days a week. Program medical staff shall be available to provide 24-hour access to emergency medical consultation services. In facilities that serve adolescents, staffing ratios must not exceed five (5) adolescent beneficiaries to one (1) direct care staff.

Required components of this service are the following:

a. An initial abbreviated assessment that consists of an addiction focused history by a physician, physician assistant, or nurse practitioner upon admission;
b. A physical examination of the beneficiary by a physician, physician assistant, or nurse practitioner within 24 hours of admission;
c. An alcohol or other drug-focused nursing evaluation upon admission;
d. A comprehensive clinical assessment within ten (10) calendar days of admission;
e. An individualized PCP, documenting problem identification in ASAM dimensions one (1) through six (6), development of treatment goals, measurable treatment objectives, and activities designed to meet those objectives;
f. Access to all approved Federal Drug Administration (FDA) medications for Medication Assisted Treatment (MAT) for a beneficiary that meets medical necessity for that service. MAT may be provided on-site by the provider or through a memorandum of agreement (MOA) or memorandum of understanding (MOU) with an off-site provider that is no further than 60 minutes from the facility;
g. A planned regimen of 24-hour, professionally directed evaluation, care, and treatment services for a beneficiary and their family that includes licensed, certified, or registered clinicians as well as certified peer support specialists;
h. Provide monitoring of the beneficiary, to include the beneficiary's general condition and vital signs (pulse rate, blood pressure and temperature);
i. Overseeing the monitoring of the beneficiary's progress and medication administration by nursing staff as needed;
j. Provide 24-hour access to emergency medical consultation services;
k. Provide behavioral health crisis interventions, when clinically appropriate;
l. Ability to conduct appropriate laboratory and toxicology tests on site or by referral;

m. Provide education to the beneficiary regarding prescribed medications, potential drug interactions and side effects;
n. Health education services;
o. Reproductive health education;
p. Provide clinical services, such as individual and group counseling, to enhance the beneficiary's understanding of addiction, the completion of the withdrawal management process, and referral to an appropriate level of care for continuing treatment;
q. Availability of specialized psychological and psychiatric consultation and supervision for biomedical, emotional, behavioral, and cognitive problems, as indicated. Such services are available within eight (8) hours by telephone or 24 hours in-person;
r. Peer support services that focus on mutual aid, recovery, wellness, and self-advocacy;
s. Arrange involvement of family members or individuals identified by the beneficiary as being important to their care and recovery, as appropriate and with informed consent;
t. Provide education to family members or individuals identified by the beneficiary as being important to their care and recovery, as appropriate;
u. Ability to assist in accessing transportation services for a beneficiary who lacks safe transportation;
v. Affiliation with other ASAM levels of care and behavioral health providers for appropriate linkage and referrals for counseling, medical, psychiatric, and continuing care;
w. Discharge and transfer planning, beginning at admission;
x. Coordination with Care Management to ensure beneficiary is provided appropriate linkage and referrals for needed services and support; and
y. Coordination with Care Management to ensure that the beneficiary is informed about benefits, community resources and services.

7.0 Additional Requirements

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:
a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal

contractor(s). Federally recognized tribal and IHS providers may be exempt to one or more of these items in accordance with Federal law and regulations.

8.0 Policy Implementation and History

Original Effective Date: Month Day, Year

History:

Date	Section or Subsection Amended	Change
	All Sections and Attachment(s)	

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Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, NC Medicaid's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid:

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines.

B. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

HCPCS Code(s)
H0013 – Adult
H0013 HA - Adolescent

Unlisted Procedure or Service
CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

D. Modifiers

Provider(s) shall follow applicable modifier guidelines.

E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s). Federally recognized tribal or IHS providers may be entitled to alternate reimbursement methodologies under Federal Law.

F. Place of Service

This is a facility-based service.

G. Co-payments

For Medicaid refer to Medicaid State Plan:
https://medicaid.ncdhhs.gov/meetings-notices/medicaid-state-plan-public-notices

H. Reimbursement

Provider(s) shall bill their usual and customary charges.
For a schedule of rates, refer to: https://medicaid.ncdhhs.gov//

The physician, physician assistant, or nurse practitioner can bill an Evaluation and Management (E/M) code separately for the admission assessment, comprehensive clinical assessment, physical exam, medical evaluation and consultation, laboratory tests and toxicology tests.

Note: North Carolina Medicaid shall not reimburse for conversion therapy.

Attachment B: Medically Monitored High-Intensity Inpatient Services - Adolescent

A. Population Specific Service Definition and Required Components

Medically Monitored High-Intensity Inpatient Services (ASAM Level 3.7) - Adolescent is an organized service delivered by clinical and support staff in a 24-hour facility providing professionally directed evaluation, observation, medical monitoring, and addiction treatment. Services are delivered under a defined set of licensed professional approved policies and protocols. This level of care is for an adolescent beneficiary experiencing impaired functioning in dimensions one, two, or three. These impairments may include co-occurring psychiatric disorders (such as depressive disorders, bipolar disorders, and attention deficit hyperactivity disorder) or symptoms (such as hypomania, severe lability, mood dysregulation, disorganization or impulsiveness, or aggressive behaviors).

Medically Monitored High-Intensity Inpatient Service - Adolescent programs operate under protocols for the management of medical or behavioral health emergencies. Programs are staffed by an interdisciplinary team (including physicians, nurses, addiction counselors, and behavioral health specialists), who are able to assess and treat the beneficiary and obtain and interpret information regarding the beneficiary's psychiatric and substance use disorders.

Support systems must include physician monitoring, nursing care and observation, available based on clinical judgment. A physician shall be available to assess the adolescent in person within 24 hours of admission, and thereafter as medically necessary. Nursing staff shall conduct an alcohol or other drug-focused nursing assessment at the time of admission and are responsible for monitoring the beneficiary's progress and medication administration. Support systems must also have the availability of specialized medical consultation; ability to arrange for appropriate medical procedures, including indicated laboratory and toxicology testing; and the ability to arrange for appropriate medical and psychiatric treatment through consultation, referral, and direct affiliations with other levels of care to effectively facilitate the beneficiary's transition into ongoing treatment and recovery.

An interdisciplinary team provides daily clinical services to assess and address the adolescent's withdrawal status and service needs. Clinical services include nursing or medical monitoring, pharmacologic therapies as needed, individual and group therapy specific to withdrawal, and withdrawal support. Assessment and treatment planning for a beneficiary experiencing withdrawal must include:

a. an initial withdrawal assessment within 24 hours of admission, or earlier if clinically warranted;
b. daily nursing withdrawal monitoring assessments and continuous availability of nursing evaluations; and
c. daily availability of medical evaluation, with continuous on-call coverage.

Programs are expected to coordinate with other agencies and entities involved in the beneficiary's care (social services, juvenile justice, medical providers, care management providers).

B. Population Specific Provider Requirements

In addition to the program requirements listed above, Medically Monitored High-Intensity Inpatient Service must provide educational services in accordance with local regulations (typically on-site) and designed to maintain the educational and intellectual development of the adolescent. Medically Monitored High-Intensity Inpatient Service must provide opportunities to remedy deficits in the educational level of the adolescents who have fallen behind because of their involvement with alcohol and other drugs.

Medically Monitored High-Intensity Inpatient Service must provide access to all approved US Food and Drug Administration (FDA) medications for Medication Assisted Treatment (MAT) covered by the Medicaid formulary for a beneficiary that meets medical necessity for that service. MAT may be provided on-site by the provider(s) or through a MOA or MOU with an off-site provider(s) that is no further than 60 minutes from the facility.

Medically Monitored High-Intensity Inpatient Service providers shall ensure that all programs have access to naloxone or other Federal Food and Drug Administration approved opioid antagonist for drug overdose on site, and that all staff have training and education on the use of naloxone in suspected opioid overdoses. Medically Monitored High-Intensity Inpatient Service programs shall develop policies that detail the use, storage and education provided to staff regarding naloxone.

This service must be provided in a facility licensed by the NC Division of Health Service Regulation Mental Health Licensure and Certification Section under 10A NCAC 27G .3400 Residential Treatment Rehabilitation for Individuals with Substance Abuse Disorders rules. Refer to Tribal & Urban Indian Health Centers | HRSA when the service is provided by an Indian Health Service (IHS) or 638 contract or compact operated by a Federally Recognized Tribe as allowed in 25 USC Ch. 18: INDIAN HEALTH CARE §1621t Licensing and §1647a Nondiscrimination under Federal health care programs in qualifications for reimbursement services.

C. Population Specific Staffing Requirements

Required Position/Role	Minimum Qualifications	Responsibilities
Medical Director (MD/DO)	**Physician** Shall be licensed physician and in good standing with the NC Medical Board Shall have at least one year experience working with	The **Medical Director** is responsible for providing medical services and supervising physician extender staff according to the physician approved policies and protocols of the Medically Monitored High-Intensity Inpatient Service. The Medical Director shall be available for emergency medical consultation services 24 hours a day, seven days a week, either for direct

	adolescents with substance use disorders	consultation or for consultation with the physician extender. In addition to the above, the Medical Director is responsible for the following: • Develop and revise Medically Monitored High-Intensity Inpatient Service policies and procedures; • Perform a medical history upon admission; • Complete a physical exam within 24 hours of admission; • Determine diagnosis of substance use disorder per program eligibility requirements; • Ensure monitoring of the Controlled Substance Reporting System (CSRS); • Provide direct supervision to physician extenders; • Participate in the development of service plans; • Evaluate medication or non-medication methods of withdrawal management; • Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the appropriate treatment and monitoring of those conditions; • Evaluate, prescribe, and monitor all medications currently being taken by the beneficiary including coordination with other prescribers; • Coordinate with MAT prescribers; • Provide education to beneficiary regarding prescribed medications, potential drug interactions and side effects; • Order medications as medically appropriate; • Order and interpret medically necessary toxicology and laboratory tests; • Provide case consultation with interdisciplinary treatment team; • Assess for co-occurring medical and psychiatric disorders; • Make medically necessary referrals and follow up for treatment of co-occurring medical and psychiatric disorders; and • Coordinate care with other medical and psychiatric providers.

Physician Extender	**On-call coverage Physician Assistant (PA) or Nurse Practitioner (NP)** Shall be licensed or certified to work as a physician extender. Shall have at least one (1) year experience working with adolescents with substance use disorders.	The **physician extender** is responsible for providing medical services according to the Medical Director approved policies and protocols of the Medically Monitored High-Intensity Inpatient Service. In addition to the above, the Physician Extender is responsible for the following: • Perform a medical history upon admission; • Complete a physical exam within 24 hours of admission; • Determine diagnosis of substance use disorder per program eligibility requirements; • Ensure monitoring of the Controlled Substance Reporting System (CSRS); • Participate in the development of service plans; • Evaluate medication or non-medication methods of withdrawal management; • Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the appropriate treatment and monitoring of those conditions; • Evaluate, prescribe, and monitor all medications currently being taken by the beneficiary including coordination with other prescribers; • Coordinate with MAT prescribers; • Provide education to beneficiary regarding prescribed medications, potential drug interactions and side effects; • Order medications as medically appropriate; • Order and interpret medically necessary toxicology and laboratory tests; • Provide case consultation with interdisciplinary treatment team; • Assess for co-occurring medical and psychiatric disorders; • Make medically necessary referrals and follow up for treatment of co-occurring medical and psychiatric disorders; and • Coordinate care with other medical and psychiatric providers.
Nursing Staff	**Registered Nurse (RN)** **AND**	The **Nursing Staff** is responsible for maintaining an adequate level of nursing for the program's

	Licensed Practical Nurse (LPN) Shall be registered and in good standing with the NC Board of Nursing. Shall have at least one (1) year experience working with adolescents with substance use disorders.	dispensing and medical operations under the supervision of the medical director. In addition to the above, the Nursing Staff is responsible for the following, as allowed by clinical and practice scopes: • Conduct a nursing evaluation upon admission in accordance with their scope of work; • Monitor the Controlled Substance Reporting System (CSRS), when delegated by a physician; • Oversee the monitoring of the beneficiary's progress and medication administration by nursing staff on an hourly basis, if needed; • Coordinate with MAT prescribers; • Provide daily assessment (or less frequent, if the beneficiary's withdrawal severity is mild or stable), planning and evaluation of the beneficiary's progress during withdrawal management and any treatment changes; • Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the appropriate treatment and monitoring of those conditions; • Prepare and dispense medication, maintaining a medication inventory record and log in compliance with state regulations; • Provide documentation in the beneficiary's service record of all nursing activities performed related to beneficiary care; • Ensure medical orders are being followed and carried out; • Provide psychoeducation, including HIV, AIDS, TB, Hepatitis C, pregnancy, and other health education services; • Coordinate medical treatment and referral for biomedical problems; • Perform auxiliary testing based on medical orders; • Consult with other program medical staff for guidance in medical matters concerning the well-being of a beneficiary; and • Participate in staff meetings and treatment team meetings.
Licensed Clinical Staff	**LCAS or LCAS-A**	The **Licensed Clinical Addiction Specialist** (LCAS) **or Licensed Clinical Addiction**

	Shall be licensed and in good standing with the NC Addictions Specialist Professional Practice Board. Shall have at least one (1) year experience working with adolescents with substance use disorders.	**Specialist-Associate** (LCAS-A) is responsible for providing substance use focused and co-occurring assessment services, development of an ASAM Level of Care determination and provide referral and coordination to appropriate substance use disorder treatment and recovery resources. In addition to the above, the LCAS or LCAS-A is responsible for the following: • Lead the development of an individualized service plan and its ongoing revisions in coordination with the beneficiary and ensures its implementation; • Provide discharge planning that must begin upon admission; • Provide ongoing assessment and reassessment of the beneficiary based on their service plan and goals; • Provide clinical supervision to the Certified Alcohol and Drug Counselors (CADCs); • Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the appropriate treatment and monitoring of those conditions; • Provide individual and group therapy based on the beneficiary's individualized, service plan; • Provide crisis interventions, when clinically appropriate; • Arrange for the involvement of family members or individuals identified by the beneficiary as being important to their care and recovery in the withdrawal management process, as appropriate; • Provide education to family members or individuals identified by the beneficiary as being important to their care and recovery regarding withdrawal management process, as appropriate; • Provide substance use, health, and community services education; • Provide coordination and consultation with medical, clinical, familial, and ancillary relevant parties with beneficiary consent; • Ensure linkage to the most clinically appropriate and effective services including

		arranging for psychological and psychiatric evaluations; • Provide appropriate linkage and referrals for recovery services and supports; • Coordinate with Care Management provider(s) to ensure the beneficiary is informed about benefits and services; • Inform the beneficiary about benefits, community resources, and services; • Advocate for and assists the beneficiary in accessing benefits and services; • Monitor and document the status of the beneficiary's progress and the effectiveness of the strategies and interventions outlined in the service plan; • Maintain accurate service notes and documentation for all interventions provided • Develop and implement supervision plans that meet the requirements of 10A NCAC 27G .0104; and • Participate in staff meetings and treatment team meetings.
Certified Clinical Staff	**CADC, CSAC, CADC-I or CSAC-I** Shall be certified and in good standing with the NC Addictions Specialist Professional Practice Board. Shall have at least one (1) year experience working with adolescents with substance use disorders.	The **Certified Alcohol and Drug Counselor** (CADC), **Certified Substance Abuse Counselor** (CSAC), **Certified Alcohol and Drug Counselor Intern** (CADC-I) or **Certified Substance Abuse Counselor Intern** (CSAC-I) coordinates with the LCAS or LCAS-A to ensure that a beneficiary has access to counseling supports, psychoeducation, and crisis interventions when needed. They play a lead role in case management and coordination of care functions. In addition to the above, the CADC, CSAC, CADC-I and CSAC-I are responsible for the following: • Participate in the initial development, implementation, and ongoing revision of the service plan; • Assist the LCAS or LCAS-A with behavioral and substance use disorder interventions; • Provide ongoing assessment and reassessment of the beneficiary based on their service plan and goals;

		• Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the appropriate treatment and monitoring of those conditions; • Provide crisis interventions, when clinically appropriate; • Provide psychoeducation as indicated in the service plan; • Provide substance use case management; • Monitor and document the status of the beneficiary's progress and the effectiveness of the strategies and interventions outlined in the service plan; • Provide substance use, health, and community services education; • Assist with the development or relapse prevention and disease management strategies; • Communicate the beneficiary's progress and the effectiveness of the strategies and interventions to the LCAS or LCAS-A and as outlined in the person-centered service plan; • Engage with family members or individuals identified by the beneficiary as being important to their care and recovery in the withdrawal management process, as appropriate; • Provide education to family members or individuals identified by the beneficiary as being important to their care and recovery regarding withdrawal management process, as appropriate; • Provide appropriate linkage and referrals for recovery services and supports; • Coordinate with Care Management provider(s) to ensure the beneficiary is informed about benefits and services; • Maintain accurate service notes and documentation for all interventions provided; and • Participate in staff meetings and treatment team meetings.
Recovery Supports	**CPSS** Shall be certified as a NC Certified Peer Support Specialist	The **Certified Peer Support Specialist (CPSS)** uses their lived experience and recovery to provide support to a beneficiary and share hope as

	Shall have at least one (1) year experience working with adolescents with substance use disorders.	they walk with a beneficiary through the first steps of their recovery journey. In addition to the above, the CPSS is responsible for the following: • Share lived experience to support, encourage and enhance a beneficiary's treatment and recovery; • Model recovery values, attitudes, beliefs, and personal actions to encourage wellness and resilience for a beneficiary and promote a recovery environment in the community, residence, and workplace; • Explore with a beneficiary served the importance and creation of a wellness identity through open sharing and challenging viewpoints; • Promote a beneficiary's opportunity for personal growth by identifying teachable moments for building relationship skills to empower the beneficiary and enhance personal responsibility; • Model and share examples of healthy social interactions and facilitate familiarity with, and connection to, the local community; • Participate in team meetings and provides input into the individualized service plan; • Guide and encourage the beneficiary to take responsibility for and actively participate in their own recovery; • Assist the beneficiary with self-determination and decision-making; • Teach and promote self-advocacy to the beneficiary; • Support and empower the beneficiary to exercise their legal rights within the community; • Assist with crisis interventions; and • Assist with the development of relapse prevention and disease management strategies.

Support Staff	**Support Staff can be paraprofessionals, associate professionals (AP) or qualified professionals (QP)** Shall have at least one (1) year experience working with adolescents with substance use disorders.	**Support Staff** are responsible for tasks that ensure a beneficiary has 24 hour a day, seven (7) day a week access to supports to meet their behavioral health and physical needs. They work closely with clinical to support and monitor the acquisition of new skills, ensure basic daily needs and activities of daily living are completed and met, ensure monitoring is completed and recorded, and support in the provision of recovery-oriented interventions. In addition to the above, the Support Staff is responsible for the following: • Use psychoeducation strategies and recovery interventions to support a beneficiary with SUD; • Take, records and report out vital signs as ordered by medical staff; • Communicate observations and recommendations effectively in written and verbal form; • Assist with crisis interventions; • Follow the PCP and clinical orders; • Communicate effectively with a beneficiary, staff, and others; • Apply recovery-oriented practices and person-centered approaches when working with a beneficiary; • Provide reproductive and health planning education, and refer to external partners as necessary; • Participate in team meetings and provide input into the PCP; • Participate in the initial development, implementation, and ongoing revision of the person-centered service plan; • Assist the LCAS or LCAS-A and CADC with substance use and behavioral disorder interventions; • Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the appropriate monitoring of those conditions; • Assist with providing crisis interventions, when clinically appropriate; • Monitor and document the status of the beneficiary's progress and the effectiveness of the strategies and interventions outlined in the service plan;

		• Provide health and community services education; • Inform the beneficiary about benefits, community resources, and services; • Assist in accessing transportation services; • Provide appropriate linkage and referrals for recovery services and supports; • Maintain accurate service notes and documentation for all interventions provided; • Communicate the beneficiary's progress and the effectiveness of the strategies and interventions to the LCAS or LCAS-A and CADC as outlined in the person-centered service plan; and •Link and refer to formal and informal supports.

Note: To comply with the NC General Assembly Session Law 2019-240 Senate Bill 537, the certification name for Certified Substance Abuse Counselor (CSAC) is amended to Certified Alcohol and Drug Counselor (CADC). Policy amendment(s) becomes effective the date the related rule for 10A NCAC 27G is finalized.

Note: According to 25 USC Ch. 18: INDIAN HEALTH CARE §1621t "Licensed health professionals employed by a tribal health program shall be exempt, if licensed in any State, from the licensing requirements of the State in which the tribal health program performs the services described in the contract or compact of the tribal health program under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)."

D. Population Specific Staff Training Requirements

Time Frame	Training Required	Who
Upon Hire, Prior to First Day Worked	▪ Crisis Response ▪ Opioid Antagonist administration (Administering Naloxone or other Federal Food and Drug Administration approved opioid antagonist for drug overdose); ▪ Harm Reduction ▪ Medically Monitored Intensive Inpatient Service Definition Required Components	All Staff
Within **60 calendar days** of hire to provide service	▪ ASAM Criteria	All Staff
	▪ Medically Supervised Withdrawal Service including Assessing and Managing Intoxication and Withdrawal States ▪ Pregnancy, Substance Use Disorder and Withdrawal Management	MD/DO, PA, NP & Nursing Staff

	▪ Signs and Symptoms of Alcohol and Other Drug Intoxication and Withdrawal ▪ Pregnancy, Substance Use Disorder and Withdrawal Management	LCAS, LCAS-A, CADC, CSAC, CADC-I, CSAC-I, AP, CPSS, paraprofessionals
	▪ **Substance Use and Adolescent Specific Needs and Considerations****	LCAS, LCAS-A, CADC, CSAC, CADC-I, CSAC-I, AP, CPSS, paraprofessionals
	▪ Measuring Vital Signs (to include how to obtain, record, and report the vital signs of temperature, heart rate, respiratory rate, blood pressure, pulse oximetry, and pain effectively and accurately.)	CADC, CSAC, CADC-I, CSAC-I, AP, CPSS, Paraprofessionals
Within **180 calendar days** of hire to provide this service	▪ Introductory Motivational Interviewing**	LCAS, LCAS-A, CADC, CSAC, CADC-I, CSAC-I, AP & Nursing staff
	▪ Trauma informed care ▪ Co-occurring conditions ▪ Evidence-based practice for adolescents with SUD or co-occurring SUD and mental illness**	LCAS, LCAS-A, CADC, CSAC, CADC-I, CSAC-I, AP, CPSS, Paraprofessional & Nursing staff
Annually	▪ Continuing education in evidence-based treatment practices, which must include crisis response and cultural competency	All Staff

The initial training requirements may be waived by the hiring agency if the staff can produce documentation certifying that training appropriate for the population being served was completed no more than 48-months before the hire date.

*ASAM certified physicians are not required to participate in Motivational Interviewing training.

**Training must be approved and certified by a nationally recognized program that issues continuing education for licensed or clinical professionals. Some approved programs include North Carolina Addictions Specialist Professional Practice Board (NCASPPB), National Association for Addiction Professionals (NAADAC), National Board for Certified Counselors (NBCC) Approved Continuing Education Provider (ACEP), National Association of Social Work (NASW), and Motivational Interviewing Network of Trainers (MINT).

Documentation of training activities must be maintained by the provider.

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E. Population Specific Expected Outcomes

The expected clinical outcomes for this service are specific to recommendations resulting from clinical assessments, medical evaluations, and meeting the identified goals in the beneficiary's PCP. Expected outcomes are:

a. Developing and fostering a recovery identity and social skills that facilitate return to family and community;
b. Beneficiary and family or caregivers' engagement in the recovery process;
c. Providing family and significant supports with education on how to support the beneficiary's continued recovery journey, including identification and management of triggers, cues, and symptoms;
d. Increased use of available natural and social supports by the beneficiary and family or caregivers;
e. Increase use of leisure activities and skills that support continued recovery;
f. Reduction of symptoms and behaviors that interfere with the beneficiary's daily living, such as negative effects of substance use, psychiatric symptoms, or both;
g. The family or caregivers have increased capacity to monitor and manage the beneficiary's behavior, the need for residential treatment for substance use has been reduced or eliminated, and the beneficiary's needs can be met at a lower level of care;
h. Improved anger management;
i. Acquisition of conflict resolution skills; and
j. Development of effective behavioral contingency strategies.

Attachment C: Medically Monitored Intensive Inpatient Services - Adult

A. Population Specific Service Definition and Required Components

Medically Monitored Intensive Inpatient Services (ASAM Level 3.7) - Adult is an organized service delivered by clinical and support staff in a 24-hour facility providing professionally directed evaluation, observation, medical monitoring, and addiction treatment. Services are delivered under a defined set of licensed professional approved policies and protocols. This level of care is for an adult beneficiary experiencing functional limitations in dimensions one, two, or three.

Medically Monitored Intensive Inpatient Services - Adult programs operate under protocols for the management of medical or behavioral health emergencies. Programs are staffed by an interdisciplinary team (including physicians, nurses, addiction counselors, and behavioral health specialists) trained and experienced in working with adults diagnosed with substance use disorders and available 24 hours a day. Medically Monitored Intensive Inpatient Service is appropriate for a beneficiary whose subacute biomedical and emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment, but who do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.

Support systems must include physician monitoring, nursing care, and observation, available based on clinical judgment. A physician shall be available to assess the adult in person within 24 hours of admission and thereafter as medically necessary. Nursing staff shall conduct an alcohol or other drug-focused nursing assessment at the time of admission and are responsible for monitoring the beneficiary's progress and medication administration. Support systems must also have the availability of specialized medical consultation; ability to arrange for appropriate medical procedures, including indicated laboratory and toxicology testing; ability to arrange for appropriate medical and psychiatric treatment through consultation, referral and direct affiliations with other levels of care to effectively facilitate the beneficiary's transition into ongoing treatment and recovery.

Medically Monitored Intensive Inpatient Services -Adult providers shall coordinate with housing providers (local housing authorities, Oxford Houses) and the beneficiary's Tailored Care Manager or care coordinator to support the beneficiary's transition to safe and stable housing after discharge.

B. Population Specific Provider Requirements

In addition to the program requirements identified above, Medically Monitored Intensive Inpatient Services - Adult providers shall be expected to provide:

a. Daily clinical services to assess and address the beneficiary's needs such as medical and nursing services and individual, group and family services;
b. Planned clinical program activities to stabilize acute addictive and psychiatric symptoms, support reduction or elimination of substance use, and to help develop and apply recovery skills. Activities are pharmacological, cognitive-behavioral, and other therapies administered to the beneficiary;

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c. Counseling and clinical monitoring to promote involvement in, and skill building for regular, productive daily activity, such as work or school and, for successful reintegration into family living;
d. Medication education, medication management and random drug screening to monitor drug use and to reinforce treatment gains as appropriate to the beneficiary's service plan;
e. Planned clinical program activities, designed to enhance the beneficiary's understanding of their substance use and mental disorder;
f. Health education services associated with the course of addiction and other potential health-related risk factors (such as HIV, hepatitis C, sexually transmitted diseases);
g. Evidence based practices, such as motivational enhancement strategies and interventions appropriate to the beneficiary's stage of readiness to change;
h. Daily treatment services to manage acute symptoms of the beneficiary's biomedical, substance use, or mental disorder;
i. Services for the beneficiary's family and significant others.

Providers shall provide access to all approved US Food and Drug Administration (FDA) medications for Medication Assisted Treatment (MAT) covered by the Medicaid formulary for a beneficiary that meets medical necessity for that service. MAT may be provided on-site by the provider(s) or through a MOA or MOU with an off-site provider(s) that is no further than 60 minutes from the facility.

Medically Monitored Intensive Inpatient Service providers shall ensure that all programs have access to naloxone or other Federal Food and Drug Administration approved opioid antagonist for drug overdose on site, and that all staff have training and education on the use of naloxone in suspected opioid overdoses. Medically Monitored Intensive Inpatient Service programs shall develop policies that detail the use, storage and education provided to staff regarding naloxone.

This service must be provided in a facility licensed by the NC Division of Health Service Regulation Mental Health Licensure and Certification Section under 10A NCAC 27G .3400 Residential Treatment Rehabilitation for Individuals with Substance Abuse Disorders rules. Refer to Tribal & Urban Indian Health Centers | HRSA when the service is provided by an Indian Health Service (IHS) or 638 contract or compact operated by a Federally Recognized Tribe as allowed in 25 USC Ch. 18: INDIAN HEALTH CARE §1621t Licensing and §1647a Nondiscrimination under Federal health care programs in qualifications for reimbursement services.

C. Population Specific Staffing Requirements

Required Position/Role	Minimum Qualifications	Responsibilities
Medical Director (MD/DO)	**Physician** Shall be licensed physician and in good standing with the NC Medical Board.	The **Medical Director** is responsible for providing medical services and supervising physician extender staff according to the physician approved policies and protocols of the Medically Monitored Intensive Inpatient Service. The Medical Director shall be available for emergency medical

	Shall have at least one (1)year of substance use disorder treatment experience.	consultation services 24 hours a day, seven days a week, 365 days a year, either for direct consultation or for consultation with the physician extender. In addition to the above, the Medical Director is responsible for the following: • Develop and revise Medically Monitored Intensive Inpatient Service policies and procedures; • Perform a medical history upon admission; • Complete a physical exam within 24 hours of admission; • Determine diagnosis of substance use disorder per program eligibility requirements; • Ensure monitoring of the Controlled Substance Reporting System (CSRS); • Provide direct supervision to physician extenders; • Participate in the development of service plans; • Evaluate medication or non-medication methods of withdrawal management; • Evaluate, prescribe, and monitor all medications currently being taken by the beneficiary including coordination with other prescribers; • Provide education to the beneficiary regarding prescribed medications, potential drug interactions and side effects; • Order medications as medically appropriate; • Order and interpret medically necessary toxicology and laboratory tests; • Provide case consultation with interdisciplinary treatment team; • Assess for co-occurring medical and psychiatric disorders; • Make medically necessary referrals and follow up for treatment of co-occurring medical and psychiatric disorders; and • Coordinate care with other medical and psychiatric providers.
Physician Extender	**On-call coverage Physician Assistant (PA) or Nurse Practitioner (NP)**	The **physician extender** is responsible for providing medical services according to the physician approved policies and protocols of the Medically Monitored Intensive Inpatient Service. The physician extender shall be available for

	Shall be licensed or certified to work as a physician extender. Shall have at least one (1) year of substance use disorder treatment experience.	emergency medical consultation services 24 hours a day, 365 days a year. In addition to the above, the Physician Extender is responsible for the following: • Perform a medical history upon admission; • Complete a physical exam within 24 hours of admission; • Determine diagnosis of substance use disorder per program eligibility requirements; • Ensure monitoring of the Controlled Substance Reporting System (CSRS); • Participate in the development of service plans; • Evaluate medication or non-medication methods of withdrawal management; • Evaluate, prescribe, and monitor all medications currently being taken by the beneficiary including coordination with other prescribers; • Provide education to beneficiary regarding prescribed medications, potential drug interactions and side effects; • Order medications as medically appropriate; • Order and interpret medically necessary toxicology and laboratory tests; • Provide case consultation with interdisciplinary treatment team; • Assess for co-occurring medical and psychiatric disorders; • Make medically necessary referrals and follow up for treatment of co-occurring medical and psychiatric disorders; and • Coordinate care with other medical and psychiatric providers.
Nursing Staff	**Registered Nurse (RN)** **AND** **Licensed Practical Nurse (LPN)** Shall be registered and in good standing with the NC Board of Nursing.	The **Nursing Staff** is responsible for maintaining an adequate level of nursing for the program's dispensing and medical operations under the supervision of the Medical Director. In addition to the above, the Nursing Staff is responsible for the following, as allowed by clinical and practice scopes: • Conduct a nursing evaluation upon admission in accordance with their scope of work;

	Shall have at least one (1) year of substance use disorder treatment experience.	• Responsible for monitoring the Controlled Substance Reporting System (CSRS), when delegated by a physician; • Oversee the monitoring of the beneficiary's progress and medication administration by nursing staff on an hourly basis, if needed; • Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the appropriate treatment and monitoring of those conditions; • Prepare and dispense medication, maintaining medication inventory records and logs in compliance with state regulations; • Provide documentation in the beneficiary's service record of all nursing activities performed related to beneficiary care; • Ensure medical orders are being followed and carried out; • Provide psychoeducation, including HIV, AIDS, TB, Hepatitis C, pregnancy, and other health education services; • Coordinate medical treatment and referral for biomedical problems; • Perform auxiliary testing based on medical orders; • Consult with other program medical staff for guidance in medical matters concerning the well-being of a beneficiary; and • Participate in staff meetings and treatment team meetings.
Clinical Staff	**LCAS or LCAS-A** Shall be licensed and in good standing with the NC Addictions Specialist Professional Practice Board	The **Licensed Clinical Addiction Specialist** (LCAS) **or Licensed Clinical Addiction Specialist-Associate** (LCAS-A) is responsible for providing substance use focused and co-occurring assessment services, development of an ASAM Level of Care determination and provide referral and coordination to appropriate substance use disorder treatment and recovery resources In addition to the above, the LCAS or LCAS-A is responsible for the following: • Lead the development of an individualized service plan and its ongoing revisions in coordination with the beneficiary and ensures its implementation; • Discharge planning shall begin upon admission;

		• Provide ongoing assessment and reassessment of the beneficiary based on their service plan and goals; • Provide clinical supervision to the Certified Alcohol and Drug Counselors (CADCs); • Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the appropriate treatment and monitoring of those conditions; • Provide individual and group therapy based on the beneficiary's individualized, service plan; • Provide crisis interventions, when clinically appropriate; • Arrange for the involvement of family members or individuals identified by the beneficiary as being important to their care and recovery, as appropriate; • Provide education to family members or individuals identified by the beneficiary as being important to their care and recovery, as appropriate; • Provide substance use, health, and community services education; • Provide coordination and consultation with medical, clinical, familial, and ancillary relevant parties with beneficiary consent; • Ensure linkage to the most clinically appropriate and effective services including arranging for psychological and psychiatric evaluations; • Provide appropriate linkage and referrals for recovery services and supports; • Coordinate with Care Management provider(s) to ensure the beneficiary is informed about benefits and services; • Inform the beneficiary about benefits, community resources, and services; • Advocate for and assist the beneficiary in accessing benefits and services; • Monitor and document the status of the beneficiary's progress and the effectiveness of the strategies and interventions outlined in the service plan; • Maintain accurate service notes and documentation for all interventions provided;

		• Develop and implement supervision plans that meet the requirements of 10A NCAC 27G .0104; and • Participate in staff meetings and treatment team meetings.
Clinical Staff	**CADC, CSAC, CADC-I or CSAC-I** Shall be certified and in good standing with the NC Addictions Specialist Professional Practice Board.	The **Certified Alcohol and Drug Counselor** (CADC), **Certified Substance Abuse Counselor** (CSAC), **Certified Alcohol and Drug Counselor Intern** (CADC-I) or **Certified Substance Abuse Counselor Intern** (CSAC-I) coordinates with the LCAS or LCAS-A to ensure that a beneficiary have access to counseling supports, psychoeducation, and crisis interventions when needed. They play a lead role in case management and coordination of care functions. In addition to the above, the CADC, CSAC, CADC-I and CSAC-I are responsible for the following: • Participate in the initial development, implementation, and ongoing revision of the service plan; • Assist the LCAS or LCAS-A with behavioral and substance use disorder interventions; • Provide ongoing assessment and reassessment of the beneficiary based on their service plan and goals; • Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the appropriate treatment and monitoring of those conditions; • Provide crisis interventions, when clinically appropriate; • Provide psychoeducation as indicated in the service plan; • Provide substance use case management; • Monitor and document the status of the beneficiary's progress and the effectiveness of the strategies and interventions outlined in the service plan; • Provide substance use, health, and community services education; • Assist with the development or relapse prevention and disease management strategies;

		• Communicate the beneficiary's progress and the effectiveness of the strategies and interventions to the LCAS or LCAS-A and as outlined in the service plan; • Engage with family members or individuals identified by the beneficiary as being important to their care and recovery, as appropriate; • Provide education to family members or individuals identified by the beneficiary as being important to their care and recovery, as appropriate; • Provide appropriate linkage and referrals for recovery services and supports; • Maintain accurate service notes and documentation for all interventions provided; and • Participate in staff meetings and treatment team meetings.
Recovery Supports	**CPSS** Shall be certified as a NC Certified Peer Support Specialist. Shall have at least one (1) year experience working with individuals with substance use disorders.	The **Certified Peer Support Specialist (CPSS)** uses their lived experience and recovery to provide support to a beneficiary and share hope as they walk with a beneficiary through the first steps of their recovery journey. In addition to the above, the CPSS is responsible for the following: • Share lived experience to support, encourage and enhance a beneficiary's treatment and recovery; • Model recovery values, attitudes, beliefs, and personal actions to encourage wellness and resilience for a beneficiary and promote a recovery environment in the community, residence, and workplace; • Explore with a beneficiary served the importance and creation of a wellness identity through open sharing and challenging viewpoints; • Promote a beneficiary's opportunity for personal growth by identifying teachable moments for building relationship skills to empower the beneficiary and enhance personal responsibility;

		• Model and share examples of healthy social interactions and facilitate familiarity with, and connection to, the local community; • Participate in team meetings and provides input into the individualized service plan; • Guide and encourage the beneficiary to take responsibility for and actively participate in their own recovery; • Assist the beneficiary with self-determination and decision-making; • Teach and promote self-advocacy to the beneficiary; • Support and empower the beneficiary to exercise their legal rights within the community; • Assist with crisis interventions; and • Assist with the development of relapse prevention and disease management strategies.
Support Staff	**Paraprofessionals, CPSS, Associate Professionals (AP) or Qualified Professionals (QP)** Shall have one year experience working with individuals with substance use disorders.	**Support Staff** are responsible for tasks that ensure a beneficiary has 24 hour a day, 7 day a week access to supports to meet their behavioral health and physical needs. They work closely with clinical to support and monitor the acquisition of new skills, ensure basic daily needs and activities of daily living are completed and met, ensure monitoring is completed and recorded, and support in the provision of recovery-oriented interventions. In addition to the above, the Support Staff are responsible for the following: • Use psychoeducation strategies and recovery interventions to support a beneficiary with SUD; • Take, record and report out vital signs as ordered by medical staff; • Communicate observations and recommendations effectively in written and verbal form; • Assist with crisis interventions; • Follow the PCP and clinical orders; • Communicate effectively with a beneficiary, staff, and others; • Apply recovery-oriented practices and person-centered approaches when working with a beneficiary;

		• Provide reproductive and health planning education, and refer to external partners as necessary; • Participate in team meetings and provide input into the PCP; • Participate in the initial development, implementation, and ongoing revision of the person-centered service plan; • Assists the LCAS or LCAS-A and CADC with substance use and behavioral disorder interventions; • Monitors signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the appropriate monitoring of those conditions; • Assist with providing crisis interventions, when clinically appropriate; • Monitor and document the status of the beneficiary's progress and the effectiveness of the strategies and interventions outlined in the service plan; • Provide health and community services education; • Inform the beneficiary about benefits, community resources, and services; • Assist in accessing transportation services; • Provide appropriate linkage and referrals for recovery services and supports; • Maintain accurate service notes and documentation for all interventions provided; • Communicate the beneficiary's progress and the effectiveness of the strategies and interventions to the LCAS or LCAS-A and CADC as outlined in the person-centered service plan; and • Link and refer to formal and informal supports

Note: To comply with the NC General Assembly Session Law 2019-240 Senate Bill 537, the certification name for Certified Substance Abuse Counselor (CSAC) is amended to Certified Alcohol and Drug Counselor (CADC). Policy amendment(s) will be effective the date the related rule for 10A NCAC 27G is finalized.

Note: According to 25 USC Ch. 18: INDIAN HEALTH CARE §1621t "Licensed health professionals employed by a tribal health program shall be exempt, if licensed in any State, from the licensing requirements of the State in which the tribal health program performs the services described in the contract or compact of the tribal health program under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)."

D. Population Specific Staff Training Requirements

Time Frame	Training Required	Who
Upon Hire, Prior to First Day Worked	Crisis Response Opioid Antagonist administration (Administering Naloxone or other Federal Food and Drug Administration approved opioid antagonist for drug overdose) Harm Reduction Medically Monitored Intensive Inpatient Service Definition Required Components	All Staff
Within **60 calendar days** of hire to provide service	▪ ASAM Criteria	All Staff
	▪ Medically Supervised Withdrawal Service including Assessing and Managing Intoxication and Withdrawal States ▪ Pregnancy, Substance Use Disorder and Withdrawal Management	MD, PA, NP & Nursing Staff
	▪ Signs and Symptoms of Alcohol and Other Drug Intoxication and Withdrawal states ▪ Pregnancy, Substance Use Disorder and Withdrawal Management	LCAS, LCAS-A, CADC, CSAC, CADC-I, CSAC-I, AP, CPSS, paraprofessionals
	▪ Measuring Vital Signs (to include how to obtain, record, and report the vital signs of temperature, heart rate, respiratory rate, blood pressure, pulse oximetry, and pain effectively and accurately.)	CADC, CSAC, CADC-I, CSAC-I, AP, CPSS, Paraprofessionals
Within **180 calendar days** of hire to provide this service	▪ Introductory Motivational Interviewing*	LCAS, LCAS-A, CADC, CSAC, CADC-I, CSAC-I, AP & Nursing staff
	▪ Trauma informed care ▪ Co-occurring conditions	LCAS, LCAS-A, CADC, CSAC, CADC-I, CSAC-I, AP, CPSS, Paraprofessional & Nursing staff
Annually	▪ Continuing education in evidence-based treatment practices, which must include crisis response and cultural competency	All Staff

The initial training requirements may be waived by the hiring agency if staff can produce documentation certifying that training appropriate for the population being served was completed no more than 48-months before hire date.

*ASAM certified physicians are not required to participate in Motivational Interviewing training.

** Training must be approved and certified by a nationally recognized program that issues continuing education for licensed or clinical professionals. Some approved programs include North Carolina Addictions Specialist Professional Practice Board (NCASPPB), National Association for Addiction Professionals (NAADAC), National Board for Certified Counselors (NBCC) Approved Continuing Education Provider (ACEP), National Association of Social Work (NASW), and Motivational Interviewing Network of Trainers (MINT).

Documentation of training activities must be maintained by the provider.

E. Population Specific Expected Outcomes

The expected clinical outcomes for this service are specific to recommendations resulting from clinical assessments, medical evaluations, and meeting the identified goals in the beneficiary's PCP. Expected outcomes are:

a. Developing and fostering a recovery identity and social skills that facilitate return to family and community;
b. Beneficiary and family or caregivers' engagement in the recovery process;
c. Providing family and significant supports with education on how to support the beneficiary's continued recovery journey, including identification and management of triggers, cues, and symptoms;
d. Increased use of available natural and social supports by the beneficiary and family or caregivers;
e. Increase use of leisure activities and skills that support continued recovery;
f. Reduction of symptoms and behaviors that interfere with the beneficiary's daily living, such as negative effects of substance use, psychiatric symptoms, or both;
g. The family or caregivers have increased capacity to monitor and manage the beneficiary's behavior, the need for residential treatment for substance use has been reduced or eliminated, and the beneficiary's needs can be met at a lower level of care;
h. Improved anger management;
i. Acquisition of conflict resolution skills; and
j. Development of effective behavioral contingency strategies.