DRAFT

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:
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8B: Inpatient Behavioral Health Services
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1.0 Description of the Procedure, Product, or Service

Medically Monitored Inpatient Withdrawal Management Service is an organized facility-based service that is delivered by medical and nursing professionals who provide 24-hour medically directed observation, evaluation, monitoring, and withdrawal management in a licensed facility. Services are delivered under a defined set of:

a. physician-developed and approved policies;
b. physician-monitored procedures; and
c. clinical protocols by medical professionals, clinicians, and support staff.

This is an American Society of Addiction Medicine (ASAM) Criteria, Third Edition, Level 3.7 WM for a beneficiary whose withdrawal signs and symptoms are sufficiently severe to require 24-hour observation, monitoring, and treatment in a medically monitored inpatient setting. A beneficiary at this level of care does not need the full resources of an acute care general hospital or a medically managed intensive inpatient treatment program.

1.1 Definitions

Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-Ar):

Is defined as a tool used to assess an individual's alcohol withdrawal.

The ASAM Criteria, Third Edition

The American Society of Addiction Medicine (ASAM) Criteria is a comprehensive set of treatment standards for addictive, substance-related, and co-occurring conditions. The ASAM Criteria, Third Edition 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.

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

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

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. Medicaid

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.

Medicaid shall cover Medically Monitored Inpatient Withdrawal Management Services for an eligible beneficiary who is 18 years of age and older and 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 their 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 will 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, or 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.

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 Inpatient Withdrawal Management Services when the beneficiary meets the following specific criteria:

a. has a substance use disorder (SUD) diagnosis as defined by the DSM-5, or any subsequent editions of this reference material; and
b. meets American Society of Addiction Medicine (ASAM) Level 3.7 WM Medically Monitored Inpatient Withdrawal Management admission criteria as defined in The ASAM Criteria, Third Edition, 2013.

3.2.2 Medicaid Additional Criteria Covered

None Apply.

3.2.3 Admission Criteria

a. The physician or physician extender 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.
b. The initial abbreviated assessment must contain the following documentation in the service record:
    1. the beneficiary's presenting problem;
    2. the beneficiary's needs and strengths;
    3. a provisional or admitting diagnosis;
    4. an ASAM level of care determination;
    5. a physical examination, including pregnancy testing, as indicated, performed by the physician or physician extender within 24 hours of admission, along with medically necessary laboratory and toxicology tests;
    6. a pertinent social, family, and medical history; and
    7. other evaluations or assessments.
c. The physician or physician extender can bill an Evaluation and Management code separately for the admission assessment and physical exam.
d. A licensed professional shall complete a Comprehensive Clinical Assessment (CCA) or Diagnostic Assessment (DA) within three (3) calendar days of admissions to determine an ASAM level of care for discharge planning. The abbreviated assessment is used as part of the current comprehensive clinical assessment. Any relevant diagnostic information obtained must become part of the treatment or service plan.
e. The licensed clinician can bill separately for the completion of the CCA or DA. Any laboratory or toxicology tests completed for the CCA or DA can be billed separately.

3.2.4 Continued Stay and Discharge Criteria

a. The beneficiary meets the criteria for continued say if any ONE of the following applies:
   1. The beneficiary's withdrawal symptoms have not been sufficiently resolved to allow either discharge to a lower level of care or safe management in a less intensive environment; or
   2. The beneficiary's CIWA-Ar score (or other comparable standardized scoring system) has not increased or decreased.

b. The beneficiary meets the criteria for discharge if any ONE of the following applies:
   1. The beneficiary's withdrawal signs and symptoms are sufficiently resolved to allow safe management in a less intensive environment, and the beneficiary can participate in self-directed recovery or ongoing treatment without the need for further medical or nursing withdrawal management monitoring;
   2. The beneficiary has intensified symptoms or increased CIWA-Ar score (or other comparable standardized scoring system) indicating a need for transfer to a more intensive level of withdrawal management services;
   3. The beneficiary is unable to complete withdrawal management in Medically Monitored Inpatient Withdrawal Management Service indicating a need for more intensive services; or
   4. The beneficiary or person legally responsible for the beneficiary requests a discharge from the service.

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

None Apply.

4.2.2 Medicaid Additional Criteria Not Covered

Medicaid shall not cover these 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 Inpatient Withdrawal Management 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;
j. Payment for room and board; and
k. A beneficiary under the age of 18.

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 Inpatient Withdrawal Management.

~~Medicaid shall not require prior approval for Medically Monitored Inpatient Withdrawal Management Service upon admission through the first three days of services.~~

5.2 Prior Approval Requirements

5.2.1 General

None Apply.

5.2.2 Specific

None Apply.

5.3 Utilization Management and Additional Limitations

5.3.1 Utilization Management

None Apply.

~~Utilization management of covered services is a 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.~~

~~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 service plan. Medical necessity is determined by North Carolina community practice standards, by 10A NCAC 25A .0201, and as verified by the Prepaid Inpatient Health Plan (PIHP), Prepaid Health Plan (PHP), or utilization management (UM) 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.~~

5.3.2 Initial Authorization

None Apply.

~~To request an initial authorization the CCA or DA, service order for medical necessity, the service plan, and the required NC Medicaid authorization request form must be submitted to the PIHP, PHP, or UM contractor within the first three calendar days of service initiation.~~

~~Concurrent reviews will determine the ongoing medical necessity for this service or the medical necessity for a higher or lower level of care. To request a concurrent authorization the updated service plan and the required NC Medicaid authorization request form must be submitted to the PIHP, PHP, or UM contractor.~~

5.3.3 Additional Limitations

A beneficiary shall receive the Medically Monitored Inpatient Withdrawal Management Service from only one provider organization during any active authorization period.

Medically Monitored Inpatient Withdrawal Management Service must not be billed on the same day (except day of admission or discharge) as:

a. Residential levels of care
b. Other withdrawal management services
c. Outpatient treatment 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
j. Peer Support Services
k. Mobile Crisis Management (MCM)
l. Partial Hospitalization
m. Facility Based Crisis (Adult)

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. The physician, physician assistant, or nurse practitioner shall complete and sign a service order according to their scope of practice. Service orders are valid for the episode of care. Medical necessity must be revisited, and service ordered is based on the current episode of care if multiple episodes of care are required in a twelve (12) month period.

ALL 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; and
c. A service order must be in place before 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.

The staff member who provides the service is responsible for accurately documenting the services billed to and reimbursed by Medicaid. Service notes must meet the requirements of the Department of Health and Human Services (DHHS) Records Management and Documentation Manual. Medication administration records (MAR) or electronic MARs must meet the 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.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

Medically Monitored Inpatient Withdrawal Management Service must be delivered by a provider employed by a substance abuse treatment organization that:

a. meets the provider qualification policies, procedures, and standards established by the NC Medicaid;

b. meets the requirements of 10A NCAC 27G;
c. demonstrates that they meet these standards by being credentialed and contracted by the DHHS designated contractor;
d. within one year of enrollment as a provider with NC Medicaid, achieves national accreditation with at least one of the designated accrediting agencies; 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 .3100 Nonhospital Medical Detoxification for Individuals Who Are Substance Abusers waiver 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.

6.2 Provider Certifications

Staffing Requirements

Required Position	Minimum Qualifications	Responsibilities
Medical Director	**Medical Director** shall be a licensed physician in good standing with the NC Medical Board. Medical Director shall have at least one year of SUD treatment experience.	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 Inpatient Withdrawal Management Service. The medical director shall be available for emergency medical 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-person or virtually. In addition to the above, the Medical Director is responsible for the following, either through direct provision of the function or through ensuring provision by other staff within their scope and function: • Develop and revise Medically Monitored Inpatient Withdrawal Management 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 ; • Monitor 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 treatment and monitoring of those conditions; • 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 necessary; • 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 referrals and follow up for treatment of co-occurring medical and/or psychiatric disorders; • Coordinate care with other medical and psychiatric providers.
Physician Extender	**Physician Assistant (PA) or Nurse Practitioner (NP)** Licensed physician assistant or nurse practitioner in good standing with the NC Medical Board or NC Nursing Board, respectively. Physician Extender shall have at least one year of SUD treatment experience.	The **Physician Extender** is responsible for providing medical services according to the physician approved policies and protocols of the Medically Monitored Inpatient Withdrawal Management Service. The physician extender shall be available for emergency medical consultation services 24 hours a day, seven days a week, in-person or virtually.

		In addition to the above, the Physician Extender is responsible for the following, either through direct provision of the function or through ensuring provision by other staff within their scope and function: • 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; • Monitor 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 treatment and monitoring of those conditions; • 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 necessary; • 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 appropriate referrals and follow up for treatment of co-occurring medical and/or psychiatric disorders • Coordinate care with other medical and psychiatric providers.
Nursing Staff	**Nursing Staff** Registered Nurse (RN) to provide supervision to any Licensed Practical	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. Nursing staff shall be

	Nurse (LPN) as allowed and required by their clinical scope of practice. Registered Nurse (RN) and Licensed Practical Nurse (LPN) shall be registered and in good standing with the NC Board of Nursing.	scheduled and available on-site 24 hours a day, seven days a week. In addition to the above, the Nursing Staff are also responsible for the following, as allowed by clinical and practice scopes, either through direct provision of the function or through ensuring provision by other staff within their scope and function: • 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 on an hourly basis, if needed; • 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 with any treatment changes; • Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the treatment and monitoring of those conditions; • Prepare and dispense medication to the beneficiary, 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 the beneficiary; • Participate in staff meetings and treatment team meetings.
Clinical Staff	**Licensed Clinical Addictions Specialist (LCAS) or Licensed Clinical Addictions Specialist-Associate (LCAS-A)** shall be licensed and in good standing with the NC Addictions Specialist Professional Practice Board.	The **Licensed Clinical Addictions Specialist or Licensed Clinical Addictions Specialist-Associate** is responsible for providing substance use focused and co-occurring assessment services, development of an ASAM Level of Care determination and providing referral and coordination to substance use disorder treatment and recovery resources. In addition to the above, 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 • Begin discharge planning upon admission; • Provide ongoing assessment and reassessment of the beneficiary based on their service plan and goals; • Provide clinical program supervision to the Certified Alcohol and Drug Counselors (CADC) ~~or Certified Substance Abuse Counselors (CSAC)~~; • Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the treatment and monitoring of those conditions; • Provide individual and group therapy based on the beneficiary's individualized service plan; • Provide crisis interventions, when clinically necessary; • Arrange involvement of family members or individuals identified by the beneficiary as being important to their care and recovery in the withdrawal management process, with consent; • Provide education to family members or individuals identified by the beneficiary as being important to their care and

		recovery regarding withdrawal management process; • 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 necessary and effective services including arranging for psychological and psychiatric evaluations; • Provide appropriate linkage and referrals for recovery services and supports; • 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; • Participate in staff meetings and treatment team meetings.
Clinical Staff	**Certified Alcohol and Drug Counselor (CADC)** ~~**or Certified Substance Abuse Counselor (CSAC)**~~ shall be certified and in good standing with the NC Addictions Specialist Professional Practice Board.	The **Certified Alcohol and Drug Counselor (CADC)** ~~**or Certified Substance Abuse Counselor (CSAC)**~~ coordinates with the LCAS or LCAS-A to ensure that the 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, CADC ~~or CSAC~~ is 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 treatment and monitoring of those conditions; • Provide crisis interventions, when clinically necessary; • Provide psychoeducation as indicated in the service plan; • Provide linkage to and coordination with care management services and supports; • 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, with consent; • Provide education to family members or individuals identified by the beneficiary as being important to their care and recovery regarding withdrawal management process; • Provide linkage and referrals for recovery services and supports; • Maintain accurate service notes and documentation for all interventions provided;

		• Participate in staff meetings and treatment team meetings.
NC Certified Peer Support Specialist (CPSS)	**NC CPSS** Shall have at least one year of experience working with adults with SUD and be fully certified as a peer support specialist in NC.	The **Certified Peer Support Specialist (CPSS)** uses their lived experience and recovery to provide support to the 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; • Possess recovery-oriented skills and knowledge to provide peer support services; • Model and mentor 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 the beneficiary 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; • Guides and encourage the beneficiary to take responsibility for and actively participate in their own recovery; • Assist the beneficiary with self-determination and decision-making;

		• Model recovery values, attitudes, beliefs, and personal action to encourage wellness and resilience; • 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; • 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). Support Staff shall have one year experience working with adults with SUD.	**Support Staff** are responsible for tasks that ensure the beneficiary is medically able to receive support at this level of care. They work closely with medical staff to ensure monitoring is completed and recorded, and with clinical staff to 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; • Communicate observations and recommendations effectively in written and verbal form; • Assist with crisis interventions; • Follow the service plan and clinical orders; • Communicate effectively with the beneficiary, staff, and others; • Learn and apply recovery-oriented practices and person-centered approaches when working with a beneficiary; • Participate in team meetings and provide input into the individualized service planning process.

Clinical staff (LCAS, LCAS-A, ~~CSAC~~ or CADC) shall be available seven (7) days a week for clinical interventions. Certified Peer Support Specialist services shall be available seven (7) days a week to support recovery-related activities.

A minimum of two (2) staff shall be on site at all times and the staffing ratio must be at least one (1) staff to nine (9) beneficiaries. At least one of the two on-site staff shall be a RN or a LPN. Supervision of the LPN shall be conducted by a RN, physician, NP, or PA,

and the supervisor shall be either on-site or continually available, and the ability to physically be on site in a timely manner to address beneficiary care.

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

Note: In accordance with 25 U.S.C. 1621t, licensed health professionals employed by a tribal health program are exempt, if licensed in any state, from the licensing requirements of the State (North Carolina) 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.)

6.3 Program Requirements

a. Medically Monitored Inpatient Withdrawal Management Service must have written policies in place that establish procedures for monitoring each beneficiary's general condition and vital signs during at least the first 72 hours of the withdrawal management process, and procedures for monitoring and recording each beneficiary's pulse rate, blood pressure and temperature in accordance with 10A NCAC 27G .3103 OPERATIONS. The medical director (refer to Responsibilities found in Subsection 6.2) develops and supports written protocols. The protocols are in place to determine the nature of the medical or nursing interventions needed. Protocols must document what conditions nursing and physician care is warranted and when to transfer to a medically monitored facility or an acute care hospital is necessary.
b. Staffing patterns must ensure that a beneficiary admitted to Medically Monitored Inpatient Withdrawal Management Service completes a physical examination by the physician within 24 hours of admission. A physician, physician assistant, or nurse practitioner shall be available by phone for consultative purposes 24 hours a day, seven days a week.
c. Evaluation and Management CPT codes, specifically with an addiction focused history and biopsychosocial screening assessments, physical examination, medical evaluation and consultation, the comprehensive clinical assessment, laboratory tests and toxicology tests may be billed separate from the Medically Monitored Inpatient Withdrawal Management Service.
d. This facility must be in operation 24 hours a day, seven days a week. The facility must have a physician or physician extender available to provide medical evaluations and consultation 24 hours a day, in accordance with treatment and transfer practice protocols and guidelines. This service must be available for admission seven days per week. Program medical staff must be available to provide 24 hour access for emergency medical consultation services.
e. Required components of this service consist of the following:
    1. An initial assessment that consists of an addiction focused history by the medical director or physician extender upon admission;
    2. Physical examination, including a pregnancy test, as indicated by the physician or physician extender within 24 hours of admission;
    3. A nursing evaluation upon admission;

4. A comprehensive clinical assessment within three calendar days of admission;
5. Individualized service plan, including problem identification in ASAM, Third Edition dimensions two through six, development of treatment goals, measurable treatment objectives, and activities designed to meet those objectives;
6. Access to all approved Federal 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 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;
7. Medically Monitored Inpatient Withdrawal Management 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. Programs must develop policies that detail the use, storage and education provided to staff regarding naloxone;
8. A planned regimen of 24-hour, professionally directed evaluation, care, and treatment services for the beneficiary and their family that includes licensed, certified, and registered clinicians as well as certified peer support specialists;
9. Daily assessment of progress during withdrawal management and any treatment changes;
10. Provide monitoring of the beneficiary, to include the beneficiary's general condition and vital signs (pulse rate, blood pressure and temperature) based on documented severity of signs and symptoms of withdrawal;
11. Oversee the monitoring of the beneficiary's progress and medication administration by nursing staff on an hourly basis, if needed;
12. Provide 24-hour access to emergency medical consultation services;
13. Provide behavioral health crisis interventions, when clinically necessary;
14. Ability to conduct laboratory and toxicology tests, which can be point-of-care testing;
15. Provide education to beneficiary regarding prescribed medications, potential drug interactions and side effects;
16. Health education services;
17. Reproductive and health planning education, and referral to external partners as necessary;
18. Provide clinical services, including 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;
19. Availability of specialized psychological and psychiatric consultation and supervision for biomedical, emotional, behavioral, and cognitive problems, as indicated;
20. Peer support services that focus on mutual aid, recovery, wellness, and self-advocacy;

21. Arrange involvement of family members or individuals identified by the beneficiary as being important to their care and recovery in the withdrawal management process, with informed consent;
22. Provide education to family members or individuals identified by the beneficiary as being important to their care and recovery regarding withdrawal management process;
23. Assist in accessing transportation services for a beneficiary who lacks safe transportation;
24. Affiliation with other ASAM levels of care and behavioral health providers for linkage and referrals to care management services and supports for counseling, medical, psychiatric, and continuing care; and
25. Discharge and transfer planning must begin at admission.

6.4 Staff Training Requirements

Time Frame	Training Required	Who
Prior to service delivery	▪ Opioid Antagonist administration (Administering Naloxone or other Federal Food and Drug Administration approved opioid antagonist for drug overdose) ▪ Crisis Response* ▪ Harm Reduction ▪ Medically Monitored Inpatient Withdrawal Management Service Definition Required Components	All Staff
Within **90 calendar days** of hire to provide service	▪ ASAM Criteria	All Staff
	▪ Medically Supervised Withdrawal Management Service including Assessing and Managing Intoxication and Withdrawal States ▪ Pregnancy, Substance Use Disorder and Withdrawal Management	Physician, PA, NP, Nursing Staff
	▪ Signs and Symptoms of Alcohol and Other Drug Intoxication and Withdrawal, including delirium tremens ▪ Pregnancy, Substance Use Disorder and Withdrawal Management	LCAS, LCAS-A, CADC, ~~CSAC,~~ CPSS, Support Staff
Within **180 calendar days** of hire to provide this service	▪ Introductory Motivational Interviewing* (MI)	LCAS, LCAS-A, CADC, ~~CSAC~~, Nursing staff
	▪ Trauma informed care* ▪ Co-occurring conditions*	LCAS, LCAS-A, CADC, ~~CSAC~~, CPSS, Support Staff, Nursing Staff

Time Frame	Training Required	Who
Annually	▪ Continuing education in evidence-based treatment practices which must include crisis response training 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 hire date.

Staff hired prior to the effective date of this policy shall complete the required training identified in the above Staff Training Requirements chart. Training must be completed within one (1) year of the original effective date of this policy. **Refer to Section 8.0 of this policy for original effective date.**

*Training must be approved and certified by a nationally recognized program that issues continuing education for licensed or clinical professionals. 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.

6.5 Expected Outcomes

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

a. Reduction or elimination of withdrawal signs and symptomatology;
b. Increased use of peer support services to support withdrawal management, facilitate recovery and link the beneficiary to community-based peer support and mutual aid groups;
c. Linkage to treatment services based on ASAM level of care determination post discharge;
d. Increased links to community-based resources to address unmet social determinants of health; and
e. Reduction or elimination of psychiatric symptoms, if applicable.

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). All providers shall be in compliance with 42 CFR Part 2-Confidentiality of Substance Use Disorder Patient Records. 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: 10/01/2024

History:

Date	Section or Subsection Amended	Change
10/01/2024	All Sections and Attachment(s)	Initial Implementation of Policy
	Subsections 5.0	To comply with the Mental Health Parity and Addiction Equity Act and the Code of Federal Regulations Title 42 Chapter IV Subchapter C Part 438 Subpart K, § 438.900 language referencing prior approval was revised; and language referencing authorizations, initial authorizations, reauthorizations, concurrent authorization, and utilization management has been removed.
	Subsection 6.2	Removed Certified Substance Abuse Counselor (CSAC). Removed Note: To comply with NC General Assembly Session Law 2019-240 Senate Bill 537, licensure name for Licensed Professional Counselor (LPC) is amended to Licensed Clinical Mental Health Counselor (LCMHC); and certification name for Certified Substance Abuse Counselor (CSAC) is amended to Certified Alcohol and Drug Counselor (CADC). Policy

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Date	Section or Subsection Amended	Change
		amendment(s) will be effective the date the related rule change for 10A NCAC 27G is finalized.
	Subsection 6.4	Removed Certified Substance Abuse Counselor (CSAC).

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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. Federally recognized tribal and Indian Health Service providers may be exempt from one or more of these items in accordance with Federal law and regulations:

A. Claim Type

Professional (CMS-1500/837P transaction)

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)	Billing Unit
H0010	1 Unit = 1 Day

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/

Evaluation and Management CPT codes, specifically with an addiction focused history and biopsychosocial screening assessments, the comprehensive clinical assessment, diagnostic assessment, physical exam, laboratory tests and toxicology tests, and medical evaluation and consultation can be billed separate from the Medically Monitored Inpatient Withdrawal Management Service.

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