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:
8A- Enhanced Mental Health and Substance Abuse Services
8A-1 Assertive Community Treatment (ACT) Program
8A-2 Facility-Based Crisis Service for Children and Adolescents
8A-5 Diagnostic Assessment
8A-6 Community Support Team (CST)
8B Inpatient Behavioral Health Services
8B, ASAM Level 4, Medically Managed Intensive Inpatient Services
8B, ASAM Level 4WM, Medically Managed Intensive Inpatient Withdrawal Management
8C Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
8D-1 Psychiatric Residential Treatment Facilities for Children under the Age of 21
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1.0 Description of the Procedure, Product, or Service

Medically Monitored Intensive Inpatient Services, American Society of Addiction Medicine (ASAM) Criteria, Third Edition, 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. This service is for a beneficiary whose biomedical and emotional, behavioral, or cognitive problems are so severe that they require subacute inpatient treatment. A beneficiary who meets this level of care does 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. **Attachment B -** Adolescents, Medically Monitored High-Intensity Inpatient Services;
b. **Attachment C** - Adults, Medically Monitored High-Intensity Inpatient Services

1.1 Definitions

The ASAM Criteria, Third Edition

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, 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.

Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-AR)

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

Medication Assisted Treatment (MAT)

As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), Medication Assisted Treatment (MAT) is "the use of medications, in combination with counseling and behavioral therapies, to provide a 'whole patient' approach to the treatment of substance use disorders. Medications used are approved by the Food and Drug Administration (FDA) and are clinically driven and tailored to meet each beneficiary's needs."

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. <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. **Populations Served**
Medicaid shall cover Medically Monitored Intensive Inpatient Services for an eligible beneficiary who is either an adolescent aged 12-17 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.

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 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;
b. meets American Society of Addiction Medicine (ASAM) Level 3.7 Medically Monitored Intensive Inpatient Services admission criteria as defined in The ASAM Criteria, Third Edition, 2013; and
c. the beneficiary is:
   1. an adolescent between the age of 12-17; or
   2. an adult age 18 and older.

3.2.2 Medicaid Additional Criteria Covered

Admission Criteria

A comprehensive clinical assessment (CCA) or diagnostic assessment (DA) is not required before admission to Medically Monitored Intensive Inpatient Services. The physician, physician assistant, nurse practitioner, or licensed clinician shall conduct an initial abbreviated assessment to establish medical necessity for this service. The initial abbreviated assessment must be used to develop a Person-Centered Plan (PCP) as a part of the admission process.

The initial abbreviated assessment (Reference 10A NCAC 27G .0205(a) or equivalent federally recognized tribal code or federal regulations) must contain the following documentation in the beneficiary's service record:

a. presenting problem;
b. needs and strengths;
c. a provisional or admitting diagnosis;
d. a pertinent social, family, and medical history; and
e. other evaluations or assessments as appropriate.

A Registered Nurse (RN) shall conduct an alcohol or other drug-focused nursing assessment at the time of admission. The RN is responsible for monitoring the beneficiary's progress and medication administration.

A physician, physician assistant, or nurse practitioner shall conduct a physical examination within 24 hours of admission, along with all appropriate laboratory and toxicology tests.

A licensed professional shall complete a CCA or DA within ten (10) calendar days of admission to determine an ASAM level of care. The CCA or DA substantiates placement and initiates discharge planning. The abbreviated assessment is used as part of the current comprehensive clinical assessment. Diagnostic information is obtained during the assessment and becomes part of the PCP.

3.2.3 Continued Stay Criteria and Discharge Criteria

Each of the six dimensions of the ASAM criteria, as referenced in section 1.1. of this policy, must be reviewed and documented in the beneficiary's service record to document the determination for continued stay, discharge, or transfer to another level of care.

a. The beneficiary meets the criteria for continued stay at the present level of care when any ONE of the following applies:
    1. The beneficiary has achieved initial PCP goals and requires this service to meet additional goals;
    2. The beneficiary is making progress, but the PCP 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

3. The beneficiary is not making progress, regressing or new symptoms have been identified. The PCP must be modified to identify more effective interventions.

b. The beneficiary shall meet the criteria for discharge if any ONE of the following applies:
   1. The beneficiary has achieved the goals documented in the PCP and resolved the symptoms(s) that justified admission to the present level of care. Continuing the chronic disease management of the beneficiary's condition at a less intensive level of care is indicated;
   2. 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, an updated CCA or DA indicates transfer to a different level of care is needed;
   3. 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). An updated CCA or DA indicates transfer to a different level of care is needed; or
   4. The beneficiary or their legally responsible person requests a discharge from Medically Monitored Intensive Inpatient Services.

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 PCP;
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 PCP; and
j. Payment for room and board.

4.2.2 Medicaid Additional Criteria Not Covered

None Apply.

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.

5.2 Prior Approval Requirements

5.2.1 General

None Apply.

5.2.2 Specific

None Apply.

5.3 Additional Limitations and Requirements

Medically Monitored Intensive Inpatient Services must not be provided and billed on the same day (except day of admission or discharge) as:
a. Other 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. Psychosocial 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).

The case management component of Assertive Community Treatment (ACT) or Community Support Team (CST) may be billed concurrently with Medically Monitored Intensive Inpatient Services for the first and last 30 days, according to the beneficiary's Person-Centered Plan (PCP) and the clinical coverage policies.

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 prior to or on the first day that Medically Monitored Intensive Inpatient Services are provided. The service order must be completed by a physician, physician assistant, nurse practitioner, or licensed psychologist 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 twelve (12) consecutive month period.

ALL of the following apply to a service order:

a. Backdating of the service order is not permitted;
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.

If an urgent or emergent situation presents the need for a verbal service order, basic procedures must be followed for the verbal service order to be valid. Treatment may proceed based on a verbal service order by the appropriate professional as long as the verbal service order is documented in the beneficiary's service record on the date that the verbal service order is given. The documentation must specify the date of the verbal service order, who gave the order, who received the order, and identify each distinct service that was ordered. The documentation must reflect why a verbal service order was obtained in lieu of a written service order. The appropriate professional must countersign the service order with a dated signature within seventy-two (72) hours of the date of the verbal 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 that require additional activities or interventions must be documented using a service note, beyond 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 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) or equivalent federally recognized tribal code or federal regulations.

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 Intensive Inpatient Services must be delivered by a substance use disorder treatment organization 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 or federal Tribal equivalent code or rule or equivalent federally recognized tribal code or federal regulations;
c. demonstrates that they meet these standards by being credentialed and contracted by the DHHS designated contractor;
d. within one calendar 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 or federal Tribal equivalence or allowance.

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. Facilities must be licensed under an approved rule waiver, if applicable. 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 for a beneficiary whose subacute biomedical and emotional, behavioral, or cognitive problems are so severe that they require subacute inpatient treatment. This service is for a beneficiary who 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, psychiatric or other licensed health care facility.

Medically Monitored Intensive Inpatient Services staff shall assess and treat the beneficiary as well as 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. A physical examination must be performed by a physician, physician assistant, or nurse practitioner within 24 hours of admission. A physician shall be available for consultative purposes 24 hours a day, seven (7) days a week, in person, via telehealth, or telephonically.

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.

Components of this service are the following:

a. An initial abbreviated assessment that consists of an addiction focused history and diagnosis by a physician, physician assistant, or nurse practitioner or licensed clinician 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 administered by the provider, or through a Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) with another 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. Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the appropriate treatment and monitoring of those conditions.

j. Overseeing the monitoring of the beneficiary's progress and medication administration by Nursing Staff as needed.

k. Provide 24-hour access to emergency medical consultation services.

l. Provide behavioral health crisis interventions, when clinically appropriate.

m. Ability to conduct appropriate laboratory and toxicology tests on site or by referral.

n. Maintain accurate service notes and documentation for all interventions provided

o. Provide education to the beneficiary regarding prescribed medications, potential drug interactions and side effects.

p. Health and reproductive health education services to include HIV, AIDS, TB, Hepatitis C, and pregnancy.

q. 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.

r. 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.

s. Peer support services that focus on mutual aid, recovery, wellness, and self-advocacy.

t. 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.

u. Provide education to family members or individuals identified by the beneficiary as being important to their care and recovery.

v. Ability to assist in accessing transportation services for a beneficiary who lacks safe transportation.

w. Affiliation with other ASAM levels of care and behavioral health providers for appropriate linkage and referrals for counseling, medical, psychiatric, and continuing care.

x. Discharge and transfer planning, beginning at admission.

y. Coordination with Care Management to ensure beneficiary is provided appropriate linkage and referrals for needed services and support and 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 according to federal law and regulations.

8.0 Policy Implementation and History

Original Effective Date: January 1, 2026

History:

Date	Section or Subsection Amended	Change
01/01/2026	All Sections and Attachment(s)	Initial implementation of stand-alone Medically Monitored Intensive Inpatient Services policy

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 according to federal law and regulations.

A. Claim Type

Professional (CMS-1500/837P 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)	Billing Unit
H0013 – Adult	1 Unit = 1 Day
H0013-HA – Adolescent	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 IHS providers may be entitled to alternate reimbursement methodologies under federal law.

F. Place of Service

Services are provided in a licensed residential facility as identified in **Section 6.0**.

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 Evaluation and Management CPT codes separately for the admission assessment, comprehensive clinical assessment, physical exam, medical evaluation and consultation, laboratory tests and toxicology tests.

The diagnostic assessment may be billed separate from the Medically Monitored Intensive Inpatient Service.

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

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

A. Adolescent Population Specific Service Definition and Required Components

Medically Monitored High-Intensity Inpatient Services - Adolescent is an organized service delivered by clinical and support staff in a 24-hour facility. This service provides 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 aged 12 to 17 who is 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 that includes physicians, nurses, addiction counselors, and behavioral health specialists. This team is able to assess and treat the beneficiary and obtain and interpret information regarding the beneficiary's psychiatric and substance use disorders.

This service 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. A Registered Nurse (RN) shall conduct an alcohol or other drug-focused nursing assessment at the time of admission. The RN is responsible for monitoring the beneficiary's progress and medication administration.
This service must also include:

a. the availability of specialized medical consultation;
b. the ability to arrange for appropriate medical procedures, including indicated laboratory and toxicology testing;
c. the ability to arrange for appropriate medical and psychiatric treatment through consultation, referral; and
d. 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:

a. nursing or medical monitoring;
b. pharmacologic therapies as needed;
c. individual and group therapy specific to withdrawal; and
d. 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 including:

a. social services;
b. juvenile justice;
c. medical providers;
d. care management providers.

B. Population Specific Provider Requirements

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

Medically Monitored High-Intensity Inpatient Service 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 administered by the provider, or through a MOA or MOU with another provider that is no further than 60 minutes from the facility.

Providers shall ensure access to naloxone or other Federal Food and Drug Administration approved opioid antagonist for drug overdose on site. Providers shall ensure that all staff have training and education on the use of naloxone in suspected opioid overdoses. Providers 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. Facilities must be licensed under an approved rule waiver, if applicable. 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	Minimum Qualifications	Responsibilities
Medical Director	**Physician** Shall be a licensed physician and in good standing with the NC Medical Board. Shall have experience working with adolescents.	The **Medical Director** is responsible for ensuring the provision of 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 ensure the evaluation, prescription, and monitoring of all medications currently being taken by the beneficiary including coordinating with other prescribers. In addition, the Medical Director shall ensure the ordering and interpretation of medically necessary toxicology and laboratory tests and coordinate with MAT providers. The Medical Director is responsible for ensuring the monitoring of the Controlled Substance Reporting System (CSRS). The Medical Director shall be available for emergency medical consultation services 24 hours a day, seven days a week, in person, via telehealth, or telephonically, either for direct consultation or for consultation with the Physician Extender.
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 experience working with adolescents.	The **Physician Extender** , under the direction of the Medical Director, is responsible for providing medical services according to the physician approved policies and protocols of the Medically Monitored High-Intensity Inpatient Service. The Physician Extender shall evaluate, prescribe, and monitor all medications currently being taken by the beneficiary including coordinating with other prescribers. In addition, the Physician Extender, under the direction of the Medical Director, shall order and interpret medically necessary toxicology and laboratory tests, coordinate with MAT providers and monitor the Controlled Substance Reporting System (CSRS). The physician extender shall be available in person, via telehealth, or telephonically. The Medical Director shall fulfill these responsibilities if a Physician

		Extender is not included in the staffing for this program.
Nursing Staff	**Supervising Registered Nurse (RN)** **and** **Licensed Practice Nurse (LPN)** The **Supervising Registered Nurse (RN)** shall have at least one year of experience working with a beneficiary with a substance use disorder. The Supervising RN shall hold active licensure as a RN and be in good standing with the NC Board of Nursing (NCBON). Additional nurses can be Licensed Practical Nurses (LPN) or RNs working within their scope of practice, holding active licensure and in good standing with the NCBON. Supervision of the LPN shall be conducted by a RN, physician extender, or physician and the supervisor shall be on site or continually available to the LPN whenever providing beneficiary care. Continuous availability is the ability to be available by phone immediately, physically arrive within one hour, and be present on site in a timely manner, as much as needed, to address beneficiary assessment and care needs.	The **Supervising Registered Nurse** is responsible for maintaining an adequate level of nursing for the program's dispensing and medical operations under the supervision of the Medical Director, either through direct provision of the function or through ensuring provision by other staff within their scope and function. The Nursing Staff shall provide assessment, planning and evaluation of the beneficiary's progress during withdrawal management and ensure any necessary treatment changes. In addition, the Nursing Staff shall maintain a medication inventory record and log in compliance with state regulations and provide documentation in the beneficiary's service record of all nursing activities performed related to beneficiary care.

Licensed Clinical Staff	**LCAS or LCAS-A** Shall be licensed and in good standing with the NC Addictions Specialist Professional Practice Board. Shall have experience working with adolescents.	**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 and treatment services and developing an ASAM Level of Care determination. The LCAS or LCAS-A shall provide referral and coordination to appropriate substance use disorder treatment and recovery resources and develop a PCP. The LCAS or LCAS-A provides clinical program supervision to the certified clinical staff.
Certified Clinical Staff	**CADC, CADC-I, or Registrant (Alcohol and Drug Counselor)*** Shall be certified and in good standing with the NC Addictions Specialist Professional Practice Board. Shall have experience working with adolescents. *A Registrant shall: • meet the requirements for a Paraprofessional, Associate Professional (AP), or Qualified Professional (QP); and • be designated as an Alcohol and Drug Counselor Intern by the NCASPPB within one year of the effective date of this policy (**Refer to Section 8.0)**; or • be designated as an Alcohol and Drug Counselor Intern by the NCASPPB within one year of hire.	**The Certified Alcohol and Drug Counselor (CADC), Certified Alcohol and Drug Counselor Intern (CADC-I), or Registrant*** coordinates with the LCAS or LCAS-A to deliver and ensure that a beneficiary has access to counseling supports, psychoeducation, and crisis interventions when needed. Certified clinical staff will participate in the development of the PCP, relapse prevention plan and disease management strategies. They play a lead role in case management and coordination of care functions. Licensed clinical staff shall fulfill these responsibilities if CADCs are not included in the staffing for this program. All responsibilities of the Certified Clinical Staff must be covered by the Licensed Clinical Staff when Certified Clinical Staff are not included in the staffing for this program.

Recovery Supports	**CPSS** Shall be certified as a NC Certified Peer Support Specialist. Shall have similar lived experience as the population being served.	The **Certified Peer Support Specialist (CPSS)** provides services that promote recovery, self-determination, self-advocacy, engagement in self-care and wellness and enhancement of community living skills of beneficiaries.
Support Staff	**Paraprofessionals, Associate Professionals (AP), or Qualified Professional (QP) in Substance Abuse** in accordance with 10A NCAC 27G .0104 or equivalent federally recognized tribal code or federal regulation(s). Shall have experience working with adolescents.	**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.

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
Prior to Service Delivery	▪ 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
	▪ ASAM Criteria	All Staff

Within **90 calendar days** of hire to provide service	▪ Medically Supervised Withdrawal Service including Assessing and Managing Intoxication and Withdrawal States ▪ Pregnancy, Substance Use Disorder and Withdrawal Management	Physician, PA, NP, Supervising RN, RN, LPN
	▪ Signs and Symptoms of Alcohol and Other Drug Intoxication and Withdrawal ▪ Pregnancy, Substance Use Disorder and Withdrawal Management ▪ Substance Use and Adolescent Specific Needs and Considerations* ▪ PCP Instructional Elements	LCAS, LCAS-A, CPSS, Support Staff
	▪ 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, CADC-I, Registrant, CPSS, Support Staff
Within **180 calendar days** of hire to provide this service	▪ Introductory Motivational Interviewing*	LCAS, LCAS-A, Support Staff, Supervising RN, RN, LPN
	▪ Trauma informed care* ▪ Co-occurring conditions* ▪ Evidence-based practice for adolescents with SUD or co-occurring SUD and mental illness**	LCAS, LCAS-A, Support Staff CPSS, Supervising RN, RN, LPN
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.

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. Documentation of training activities must be maintained by the provider.

Training identified with an asterisk (*) must be reviewed and approved by a NC DHHS recognized accreditation entity (e.g., Commission on Accreditation of Rehabilitation Facilities), or must be approved and certified by a nationally recognized program that issues continuing education for licensed or clinical professionals. Some examples of 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), North Carolina Social Work Certification and Licensure Board (NCSWCLB), American Psychological Association (APA), and Motivational Interviewing Network of Trainers (MINT).

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. Adult Population Specific Service Definition and Required Components

Medically Monitored Intensive Inpatient Services - Adult is an organized service delivered by clinical and support staff in a 24-hour facility. This service provides 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 aged 18 and over who is 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 that includes physicians, nurses, addiction counselors, and behavioral health specialists who are available 24 hours a day. Staff shall be trained and experienced in working with adults diagnosed with substance use disorders. This service is for a beneficiary whose subacute biomedical and emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment. A beneficiary meeting this level of care does not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.

This service 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. A Registered Nurse (RN) shall conduct an alcohol or other drug-focused nursing assessment at the time of admission. The RN is responsible for monitoring the beneficiary's progress and medication administration.

This service must include:

a. the availability of specialized medical consultation;
b. the ability to arrange for appropriate medical procedures, including indicated laboratory and toxicology testing;
c. the ability to arrange for appropriate medical and psychiatric treatment through consultation, referral; and
d. 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 services to support the beneficiary's transition to safe and stable housing after discharge. This may include housing providers, local housing authorities, Oxford Houses and the beneficiary's Tailored Care Manager or care coordinator.

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;
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 PCP ;
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, as indicated, with consent.

Providers shall ensure 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 administered by the provider, or through a MOA or MOU with another provider that is no further than 60 minutes from the facility.

Providers shall ensure access to naloxone or other Federal Food and Drug Administration approved opioid antagonist for drug overdose on site. Providers shall ensure that all staff have training and education on the use of naloxone in suspected opioid overdoses. Providers 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. Facilities must be licensed under an approved rule waiver, if applicable. 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	Minimum Qualifications	Responsibilities
Medical Director	**Physician** Shall be licensed physician and in good standing with the NC Medical Board. Shall have at least one (1) year of experience working with a beneficiary with SUD.	The **Medical Director** is responsible for ensuring the provision of 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 ensure the evaluation, prescription, and monitoring of all medications currently being taken by the beneficiary including coordinating with other prescribers. In addition, the Medical Director shall ensure the ordering and interpretation of medically necessary toxicology and laboratory tests and coordinate with MAT providers. The Medical Director is responsible for ensuring the of monitoring the Controlled Substance Reporting System (CSRS). The Medical Director shall be available for emergency medical consultation services 24 hours a day, seven days a week, 365 days a year, in person, via telehealth, or telephonically, either for direct consultation or for consultation with the Physician Extender.
Physician Extender	**On-call coverage Physician Assistant (PA) or Nurse Practitioner (NP)** Shall be licensed or certified to work as a Physician Extender.	The **Physician Extender** under the direction of the Medical Director, 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 evaluate, prescribe, and monitor all medications currently being taken by the beneficiary including coordinating with other prescribers. In addition, the Physician Extender, under the direction of the Medical Director, shall order and interpret medically necessary toxicology and laboratory tests, coordinate with MAT providers and monitor the Controlled Substance Reporting System (CSRS). The physician extender shall be available 24 hours a day, 365 days a year in person, via telehealth, or telephonically. The

		Medical Director shall fulfill these responsibilities if a Physician Extender is not included in the staffing for this program.
Nursing Staff	**Supervising Registered Nurse (RN)** **and** **Licensed Practice Nurse (LPN)** The **Supervising Registered Nurse (RN)** shall have at least one year of experience working with a beneficiary with a substance use disorder. The Supervising RN shall hold active licensure as a RN and be in good standing with the NC Board of Nursing (NCBON). Additional nurses can be **Licensed Practical Nurses (LPN) or RNs** working within their scope of practice, holding active licensure and in good standing with the NCBON. Supervision of the LPN shall be conducted by a RN, physician extender, or physician and the supervisor shall be on site or continually available to the LPN whenever providing beneficiary care. Continuous availability is the ability to be available by phone immediately, physically arrive within one hour, and be present on site in a timely manner, as much as needed, to address beneficiary assessment and care needs.	**The Supervising Registered Nurse** is responsible for maintaining an adequate level of nursing for the program's dispensing and medical operations under the supervision of the Medical Director, either through direct provision of the function or through ensuring provision by other staff within their scope and function. The Nursing Staff shall provide assessment, planning and evaluation of the beneficiary's progress during withdrawal management and ensure any necessary treatment changes. In addition, the Nursing Staff shall maintain a medication inventory record and log in compliance with state regulations and provide documentation in the beneficiary's service record of all nursing activities performed related to beneficiary care.

Licensed 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 and treatment services and developing an ASAM Level of Care determination. The LCAS or LCAS-A shall provide referral and coordination to appropriate substance use disorder treatment and recovery resources and develop a PCP. The LCAS or LCAS-A provides clinical program supervision to the certified clinical staff.
Certified Clinical Staff	**CADC, CADC-I, or Registrant (Alcohol and Drug Counselor)*** Shall be certified and in good standing with the NC Addictions Specialist Professional Practice Board. *A Registrant shall: • meet the requirements for a Paraprofessional, Associate Professional (AP), or Qualified Professional (QP); and • be designated as an Alcohol and Drug Counselor Intern by the NCASPPB within one year of the effective date of this policy (**Refer to Section 8.0**); or • be designated as an Alcohol and Drug Counselor Intern by the NCASPPB within one year of hire.	**The Certified Alcohol and Drug Counselor (CADC), Certified Alcohol and Drug Counselor Intern (CADC-I), or Registrant*** coordinates with the LCAS or LCAS-A to deliver and ensure that a beneficiary have access to counseling supports, psychoeducation, and crisis interventions when needed. Certified clinical staff will participate in the development of the PCP, relapse prevention plan and disease management strategies. They play a lead role in case management and coordination of care functions. Licensed clinical staff shall fulfill these responsibilities if CADCs are not included in the staffing for this program. All responsibilities of the Certified Clinical Staff must be covered by the Licensed Clinical Staff when Certified Clinical Staff are not included in the staffing for this program.
Recovery Supports	**CPSS**	The **Certified Peer Support Specialist (CPSS)** provides services that promote

	Shall be certified as a NC Certified Peer Support Specialist. Shall have similar lived experience as the population being served.	recovery, self-determination, self-advocacy, engagement in self-care and wellness and enhancement of community living skills of beneficiaries.
Support Staff	**Paraprofessionals, Associate Professionals (AP), or Qualified Professional (QP) in Substance Abuse** in accordance with 10A NCAC 27G .0104 or equivalent federally recognized tribal code or federal regulation(s).	**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.

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
Prior to Service Delivery	▪ 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 **90 calendar days** of hire to provide service	▪ ASAM Criteria	All Staff
	▪ Medically Supervised Withdrawal Service including Assessing and Managing Intoxication and Withdrawal States	Physician, PA, NP, Supervising RN, RN, LPN

	▪ Pregnancy, Substance Use Disorder and Withdrawal Management	
	▪ Signs and Symptoms of Alcohol and Other Drug Intoxication and Withdrawal states ▪ Pregnancy, Substance Use Disorder and Withdrawal Management ▪ PCP Instructional Elements	LCAS, LCAS-A CPSS, Support Staff
	▪ 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, CADC-I, Registrant, CPSS, Support Staff
Within **180 calendar days** of hire to provide this service	▪ Introductory Motivational Interviewing*	LCAS, LCAS-A, Supervising RN, RN, LPN
	▪ Trauma informed care* ▪ Co-occurring conditions*	LCAS, LCAS-A, CPSS, Support Staff, Supervising RN, RN, LPN
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. Documentation of training activities must be maintained by the provider.

Training identified with an asterisk (*) must be reviewed and approved by a NC DHHS recognized accreditation entity (e.g., Commission on Accreditation of Rehabilitation Facilities), or must be approved and certified by a nationally recognized program that issues continuing education for licensed or clinical professionals. Some examples of 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), North Carolina Social Work Certification and Licensure Board (NCSWCLB), American Psychological Association (APA), and Motivational Interviewing Network of Trainers (MINT).

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.