


NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits

**ROY COOPER** • Governor  
**KODY H. KINSLEY** • Secretary  
**JAY LUDLAM** • Deputy Secretary, NC Medicaid

**SIGNATURE REQUEST MEMORANDUM**

**TO:** Jay Ludlam <sup>DS</sup>   
**FROM:** Ashley Blango, SPA Coordinator  
**RE:** State Plan Amendment  
  
Title XIX, Social Security Act  
Transmittal #2025-0001

**Purpose**

Attached for your review and signature is a Medicaid State Plan Amendment (**1905(a) Mental Health Parity**) summarized below, and submitted on December 16, 2024, with a due date of December 19, 2024.

**Clearance**

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

*Ashley Blango, Kathryn Horneffer, Lotta Crabtree, Adam Levinson, Melanie Bush*

**Background and Summary of Request**

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

This SPA will remove quantitative treatment limitations (QTLs) (units, hours, days, or visit limits) and non-quantitative treatment limitations (NQTLs) (prior authorization, concurrent review, or reauthorization requirements).

The proposed effective date for the SPA is January 1, 2025.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me or Ashley Blango at 919-812-6145.

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

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

- The following are not billable under this service:
  - Transportation time (this is factored in the rate)
  - Any habilitation activities
  - Any social or recreational activities (or the supervision thereof)
  - Clinical and administrative supervision of staff (this is factored in the rate)
- Service delivery to individuals other than the beneficiary may be covered only when the activity is directed exclusively toward the benefit of that beneficiary.
- CST services may be provided for beneficiaries residing in adult mental health residential facilities that are 16 beds or less: independent living; supervised living low or moderate; and group living low, moderate, or high. CST services may not be provided for beneficiaries residing in a nursing home facility. This service may not be provided to beneficiaries residing in Institutions for Mental Disease (IMD) regardless of the facility type.
- For the purposes of helping a beneficiary transition to and from a service (facilitating an admission to a service, discharge planning, or both) and ensuring that the service provider works directly with the CST Staff, CST services may be provided and billed for a maximum of 8 units for the first and last 30-day periods for beneficiaries who are authorized to receive the following service:
  - Assertive Community Team Treatment
- For the purposes of helping a beneficiary transition to and from a service (facilitating an admission to a service, discharge planning, or both), providing coordination during the provision of a service, and ensuring that the service provider works directly with the CST Staff, CST services may be provided and billed for a maximum of eight units for each 30-day period for beneficiaries who are authorized to receive one of the following services:
  - Substance Abuse Intensive Outpatient Program
  - Substance Abuse Comprehensive Outpatient Treatment
- The provider of these services becomes responsible for the PCP and all other clinical home responsibilities.
- For the purposes of helping a beneficiary transition to and from a service (facilitating an admission to a service, discharge planning, or both), providing coordination during the provision of a service, and ensuring that the service provider works directly with the CST Staff, CST services may be provided and billed at the same time for the following services based on medical necessity:
  - All detoxification services
  - Professional Treatment Services in Facility-Based Crisis Programs
  - Partial Hospitalization
  - Substance Abuse Medically Monitored Community Residential Treatment
  - Substance Abuse Non-Medically Monitored Community Residential Treatment
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

**NOTE:** This service is used as an intervention to avoid need for a higher level of care or as a step down from a higher level of care. It is an ACTT “lite” service.

TN No.: 25-0001  
Supersedes  
TN No.: 19-0008

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
 Medical Assistance Program  
 State: NORTH CAROLINA

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

(viii) **Assertive Community Treatment (ACT)**

Assertive Community Treatment (ACT) is defined as an individual-centered, recovery-oriented mental health service delivery model for facilitating community living, psychosocial rehabilitation and recovery for persons who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs. ACT is a multi-disciplinary, self-contained clinical team approach with team members providing long-term intensive care in natural community settings. The team provides all mental health services rather than referring individuals to different mental health providers, programs, and other agencies.

The team provides evaluations (an assessment to determine the extent of the problems), outpatient treatment, case management, and community based services (described below) for individuals with mental health and substance abuse diagnoses. Interventions include the following, with a focus on achieving a maximum reduction of physical or mental disability and restoration of a beneficiary to his/her best possible functional level.

- Service coordination
- Crisis assessment and intervention
- Symptom assessment and management
- Individual counseling and psychotherapy, including cognitive and behavioral therapy
- Medication monitoring, administration and documentation
- Substance abuse treatment
- Working with beneficiaries to help them regain and restore skills needed to function socially and in the community and at an age-appropriate level.
- Support and consultation to families and other major supports

ACT is available 24/7/365, in any location except jails, detention centers, clinic settings and hospital inpatient settings. Beneficiary-to-staff ratio is eight-to-one with a maximum of nine-to-one. Minimum staff per team includes the following: a Licensed Professional, RN, QP, paraprofessional staff, certified peer specialist, and a psychiatric care provider role filled at least part-time by a physician for a minimum of 16 hours per week for every 60 beneficiaries for the largest teams and a smaller ratio for smaller teams of no less than 16 hours per 50 beneficiaries. The remainder of the psychiatric care provider time may be fulfilled by a nurse practitioner or a physician assistant. The team will provide a median rate of two contacts per week across all individuals served by that team. (This is billed per diem; the claims system is set so it will not reimburse for more than 4 in 1 month.).

TN No.: 25-0001  
 Supersedes  
 TN No.: 13-010

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
 Medical Assistance Program  
 State: NORTH CAROLINA

---

**13. d. Diagnostic, Screening, Preventive, Treatment and Rehabilitative Services (continued)**

**Description of Services**

(vii) **Community Support Team (CST) - (adults)**

Services provided by this team consist of mental health and substance abuse services and supports necessary to assist adults in achieving rehabilitation and recovery goals. It assists individuals to gain access to necessary services; reduce psychiatric and addiction symptoms; and develop optimal community living skills. The services include assistance and support to individuals in crisis situation; service coordination; psycho education and support for individuals and their families; independent living skills; development of symptom monitoring and management skills, monitoring medications and self-medication.

This is an intensive community-based rehabilitation team service that provides direct treatment and restorative interventions.

**CST is designed to:**

- Assist individuals to gain access to necessary services to reduce psychiatric and addiction symptoms,
- Assistance and support for individuals in crisis situations,
- Service coordination,
- Psycho-education,
- Individual restorative interventions for development of interpersonal, community coping and independent living skills; and
- Monitoring medications and self-medication.

The CST provider assumes the role of advocate, broker, coordinator and monitor of the service delivery system on the behalf of the recipient. The service must be ordered. A team must be comprised of four full-time staff positions as follows:

- a. One full-time equivalent (FTE) dedicated Team Leader who is a licensed clinician. An associate level licensed clinician actively seeking licensure may serve as the Team Leader conditional upon being fully licensed within 30 calendar months from the effective date of hire.
- b. One FTE dedicated team member who is a licensed substance abuse professional. Team member can be a Certified Clinical Supervisor (CCS), Licensed Clinical Addiction Specialist (LCAS), Licensed Clinical Addiction Specialist-Associate (LCAS-A), or a Certified Substance Abuse Counselor (CSAC).
- c. Two FTE team members that are Qualified Professionals, Associate Professionals, or Paraprofessionals or NC Certified Peer Support Specialist (NCCPSS).

All staff providing this service must have a minimum of one-year documented experience with the adult population. Clinical criteria are imbedded in the definition as well as service limitations to prevent duplication of services. It must be ordered by either, a physician, physician assistant, nurse practitioner or licensed psychologist. After December 31, 2010, this service can only be provided by and billed by a Critical Access Behavioral Health Care Agency (CABHA).

A beneficiary will be offered a choice of CST providers that include Certified Peer Support Specialist (CPSS) on the team if it is medically necessary that beneficiary have a CPSS.

**Exclusions and limitations of CST are:**

- A beneficiary may receive CST services from only one CST provider organization during an episode of care.
- CST may not be provided at the same time as any other State Plan service that contains duplicative service components.

---

TN No.: 25-0001

Supersedes

TN No.: 19-0008

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

13. d. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)

Description of Services

(viii) **Assertive Community Treatment (ACT) (continued)**

The service is intended to provide support and guidance in all functional domains to enhance the beneficiary’s ability to remain in the community. No other periodic mental health services can be billed in conjunction with this service. This service must be ordered by an MD, NP, PA or PhD psychologist. Evidenced based best practices for this service have been incorporated into the service definitions. Providers of (ACT) under the State Plan must demonstrate fidelity to the latest Tool for Measurement of Act (TMACT) models of care. This will ensure that all providers maintain fidelity to the current fidelity model as it is updated.

**Staff Program Operations Requirements**

- (a) Team composition. The team shall be interdisciplinary in order to carry out the varied activities needed to meet the complex needs of clients and shall include:
  - (1) a qualified professional, appropriate to the diagnosis of the clients being served;
  - (2) a registered nurse;
  - (3) an MD (at least .25 FTE per 50 clients); and
  - (4) one or more paraprofessional staff trained to meet the needs presented by the facility’s client population.
- (b) Team qualifications. Each member of the team shall be privileged and supervised based on their training, experience, and qualifications.

**Exclusions and limitations of ACT are:**

- A beneficiary can receive ACT services from only one ACT provider at a time. ACT is a comprehensive team intervention and most other services are excluded. Opioid Treatment can be provided concurrently with ACT.
- ACT services can be billed for up to 30 days in accordance with the PCP for beneficiaries who are transitioning to or from, CST, Partial Hospitalization, SAIOP, SACOT, PSR, or SA residential services for the purpose of facilitating admission to the service, meeting with the beneficiary as soon as possible upon admission, providing coordination during the provision of service, ensuring that the service provider works directly with the ACT professional and discharge planning.
- ACT services can be provided for individuals residing in adult MH residential programs that are 16 beds or less (e.g. Supervised Living Low or Moderate, Group Living Low, Moderate or High).
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

TN No.: 25-0001  
Supersedes  
TN No.: 13-010

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

---

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

- (a) Psychotherapy Services:  
For the complete description of the service providers, their qualifications, service limitations and service descriptions, see Attachment 3.1-A pages 15a.16 and 15a.7
- (b) Diagnostic Assessment (42 CFR 440.130(a))

This is a clinical face to face evaluation of a beneficiary’s MH/DD/SAS condition that will establish a need for the enhanced benefit package of services. It is a team service and must include evaluations by either, a physician, physician assistant, nurse practitioner or licensed psychologist who can sign an order for services and a licensed or certified practitioner with expertise in MH/DD/SAS as appropriate and consist of the following:

- a chronological general health and behavioral health history (includes both mental health and substance abuse) of the beneficiary’s symptoms, treatment, treatment response and attitudes about treatment over time, emphasizing factors that have contributed to or inhibited previous recovery efforts; biological, psychological, familial, social, developmental and environmental dimensions and identified strengths and weaknesses in each area;
- a description of the presenting problems, including source of distress, precipitating events, associated problems or symptoms, recent progressions, and current medications;
- a strengths/problem summary which addresses risk of harm, functional status, co-morbidity, recovery environment, and treatment and recovery history;
- diagnoses on all five (5) axes of DSM-IV;
- evidence of an interdisciplinary team progress note that documents the team’s review and discussion of the assessment;
- a recommendation regarding target population eligibility; and
- evidence of beneficiary participation including families, or when applicable, guardians or other caregivers.

Documentation must include the following elements:

- a chronological general health and behavioral health history (includes both mental health and substance abuse) of the beneficiary’s symptoms, treatment, treatment response and attitudes about treatment over time, emphasizing factors that have contributed to or inhibited previous recovery efforts; biological, psychological, familial, social, developmental and environmental dimensions and identified strengths and weaknesses in each area;
- a description of the presenting problems, including source of distress, precipitating events, associated problems or symptoms, recent progressions, and current medications;
- strengths/problem summary which addresses risk of harm, functional status, co-morbidity, recovery environment, and treatment and recovery history;
- diagnoses on all five (5) axes of DSM-IV;
- evidence of an interdisciplinary team progress note that documents the team’s review and discussion of the assessment;
- a recommendation regarding target population eligibility; and
- evidence of beneficiary participation including families, or when applicable, guardians or other caregivers.

---

TN No.: 25-0001  
Supersedes  
TN No.: 12-010

Approval Date:

Effective Date: 01/01/2025

Geropsychiatric Care Units in Nursing Facilities Continued

VII. Discharge Criteria

- A. Discharge from a geropsychiatric unit is contingent upon:
1. the consistent absence of unsafe behaviors (as outlined in paragraph III.E. Eligibility Criteria for recipients) in a consistently structured geropsychiatric specialty nursing unit; and
  2. the anticipation that the individual will not exhibit unsafe behaviors if transitioned from the geropsychiatric unit, as evidenced by stays on exploratory visits to a regular nursing unit, during which unsafe behaviors are not observed.
- These criteria must be closely observed and monitored during a continuous period of at least three months.
- B. Additional determining criteria for discharge include the following:
1. Monitoring of medication stability/consistency;
  2. Treatment compliance;
  3. Appropriate living arrangements upon discharge; or
  4. Arrangement of aftercare for continued services in the community, with family/guardian support and involvement.

---

TN No: 25-0001  
Supersedes  
TN No: 08-007

Approval Date:

Effective Date 01/01/2025

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

**4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. (continued)**

Provider agencies for Partial Hospitalization are licensed by the Division of Health Service Regulation, credentialed by the LMEs as meeting the program specific requirements for provision of Partial Hospitalization and enrolled in Medicaid. The staff providing this service is employees of the enrolled agency. Their qualifications and the discrete service components they perform are listed below.

All services in the Partial Hospitalization are provided by a team, which may have the following configuration: social workers, psychologists, therapists, or paraprofessionals. The following sets forth the activities included in this service definition. These activities reflect the appropriate scope of practice for the Partial Hospitalization staff identified below  
Physician: The partial hospitalization milieu is directed under the supervision of a physician. The physician participates in diagnosis, treatment planning, and admission/discharge decisions.

Qualified Professional: Staff shall include at least one Qualified Professional (qualifications described on Attachment 3.1-A.1, 15a.15). Qualified Professionals practicing within the scope of their licensing and training shall perform group activities and therapy such as individual supportive therapy and recreational therapy. Care coordination functions are performed by the Qualified Professional as clinically indicated.

Paraprofessionals: (qualifications described on Attachment 3.1-A.1, 15a.14): Paraprofessionals perform community living skills training under the supervision of a Qualified Professional.

Exclusions and limitations of PH are:

- A beneficiary can receive PH services from only one PH provider at a time.
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

(g) Intensive In-Home

A mental health/substance abuse service that can be provided through age 20 in order to:

- diffuse current crisis as a first responder,
- intervene to reduce likelihood of re-occurrence,
- ensure linkage to community services and resources,
- monitor and manage presenting psychiatric and/or addictions,
- provide self-help and living skills for youth; and
- work with caregivers in implementation of home-based supports and other rehabilitative supports to prevent out of home placement for the child.



State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

**4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. (continued)**

This is a team service provided by qualified professionals, associate professionals and paraprofessionals. There is a team to family ratio to keep case load manageable and staff must complete intensive in home training within the first 90 days of employment. Services are provided in the home or community and not billable for children in detention or inpatient settings. It is expected that service frequency shall decrease over time. The service requires a minimum of 12 face-to-face contacts the first month, and at least 6 face-to-face contacts per month in the second and third months of service with a contact being defined as all visits within a 24-hour period. A minimum of 2 hours of service must be provided each day for the service to be billable. Documentation must include: a daily full service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's interventions, includes the time spent performing the interventions, effectiveness of the intervention, and the signature of the staff providing the service. After December 31, 2010, this service can only be provided by and billed by a Critical Access Behavioral Health Care Agency (CABHA). The service must be ordered by a physician, licensed psychologists, physician's assistant or nurse practitioner.

**Service Limitations:**

This service can only be provided by one Intensive In-Home provider at the time and cannot be billed on the same day as Multisystemic Therapy, Day Treatment, Hourly Respite, Individual, group or family therapy, SAIOP, or for individuals living in a Level II-IV program type facility (Attachment 3.1-A.1, Pages 15a.19-20) Psychiatric Residential Treatment Facility, or substance abuse residential facility.

The following are not billable under this service:

- Transportation time (this is factored in the rate)
- Any habilitation activities
- Any social or recreational activities (or the supervision thereof)
- Clinical and administrative supervision of staff, including team meetings (this is factored in the rate)

Service delivery to individuals other than the beneficiary may be covered only when the activity is directed exclusively toward the benefit of that beneficiary.

**Note:** For Medicaid beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

TN No.: 25-0001  
Supersedes  
TN No.: 13-010

Approval Date:

Effective Date: 01/01/2025

**Behavioral Health Rehabilitative Services****Mobile Crisis Management**

This involves all supports, services, and treatments necessary to provide integrated crisis response, and crisis stabilization interventions. Mobile Crisis Management services are available 24-hours-a-day, 7-days-a-week. Crisis response provides an immediate evaluation, triage and access to acute mental health, intellectual/developmental disabilities, or substance use services, treatment, and supports to effect symptom reduction, harm reduction, or to safely transition persons in acute crises to appropriate crisis stabilization and withdrawal management services. Crisis response services include screening and assessment; stabilization and de-escalation; and coordination with, and referrals to, health, social, and other services and supports as needed. Services are provided to a beneficiary outside of a hospital or crisis facility setting.

MCM services are provided by a multidisciplinary team that includes:

- a licensed clinician capable of conducting an assessment of the beneficiary within their authorized scope of practice; and
- a Qualified Professional (QP), an Associate Professional (AP), or a Paraprofessional (as defined in Attachment 3.1-A.1 Page 7c.10-11) including NC Certified Peer Support Specialist or National Federation of Families Certified Family Peer Specialist. Paraprofessionals must work under the supervision of a QP.
- a psychiatrist must be available for in-person, telehealth, or telephonic consults.

The MCM team must have experience with the appropriate disability group and 20 hours of crisis intervention training within the first 90 days of employment.

---

TN No.: 25-0001

Supersedes

TN No. 22-0019

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

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

(h) Multisystemic Therapy (MST)

This mental health/substance abuse program is an evidenced-based practice designed for youth generally between the ages of 7 and 17 who have antisocial, aggressive/violent behaviors and are at risk for out of home placement due to delinquency; adjudicated youth returning from out of home placement and/or chronic or violent juvenile offenders; and youths with serious emotional disturbances or abusing substances. As required by EPSDT, youth outside of these age ranges would be able to receive the service if medically necessary and if no other more appropriate service is available. This is a team service that has the ability to provide service 24/7/365. The service components include assessment, individual therapeutic interventions with the youth and family, care coordination, and crisis stabilization. Specialized therapeutic interventions are available to address special areas such as substance abuse, sexual abuse, sex offending, and domestic violence. Services are available in-home, at school, and in other community settings. MST involves families and other systems such as the school, probation officers, extended families, and community connections. The service must be ordered by a physician, licensed psychologists, physician’s assistant or nurse practitioner.

Recipients residing in detention facilities, halfway houses or wilderness camps under governmental control, an inmate receiving outpatient treatment, or receiving care on premises of prison, jail, detention center, or other penal setting are not eligible for receiving any Medicaid Federal Financial Participation (FFP) through MST or any other Medicaid funded service.

A minimum of 12 contacts are required within the first month of the service and for the next two months an average of 6 contacts per month will occur. It is the expectation that service frequency will be titrated over the last two months.

Clinical criteria (medical necessity criteria for admission and continued stay) are embedded in the service definition. The provider qualifications are at a minimum a master’s level Qualified Professional (QP), who is the team supervisor and three QP staff as defined in Attachment 3.1-A. 1 Page 7c. 10-11.

Providers must be licensed by MST Services, LLC and agree to adhere to the principles of MST. Staff are required to participate in MST introductory training and quarterly training on topics related to the needs of MST youth and their family on an ongoing basis. All MST staff shall receive a minimum of one hour of group supervision and one hour of telephone consultation per week from specially trained MST supervisors.

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 (i.e. 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.).

TN No: 25-0001  
Supersedes  
TN No.: 11-005

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

---

**4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. (continued)**

**Service Exclusions and Service Limitations:**

A beneficiary may receive MST services from only one MST provider organization at a time. MST services may not be billed for beneficiaries who are receiving, Intensive In-Home Services, Day Treatment, individual, group or family therapy, SAIOP, Child residential Level II–IV, Non-Medical Community Residential Treatment or Medically Monitored Community Residential Treatment.

**Note:** For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

---

TN No.: 25-0001  
Supersedes  
TN No.: 13-010

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: North Carolina

---

4.b.(9) Rehabilitative Services for Behavioral Health of EPSDT Eligible (*continued*)

(c) Services under this section are provided by licensed practitioners or programs/agencies for the mentally ill, developmentally disabled and substance abusers certified/licensed as clinical addiction specialists (LCAS) and clinical supervisors (CCS) who are directly enrolled with Medicaid. These services are available to categorically needy and medically needy beneficiaries.

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 (i.e. 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.).

Services may be provided by:

Licensed or certified psychologists, licensed clinical social workers, licensed clinical social worker associates, certified clinical nurse specialists in psychiatric mental health advanced practice, nurse practitioners certified in psychiatric mental health advanced practice, licensed psychological associates, licensed clinical mental health counselors, licensed clinical mental health counselor associates, licensed marriage and family therapists, licensed marriage and family therapist associates, certified/licensed clinical addictions specialists, licensed clinical addictions specialist associates, and certified/licensed clinical supervisors.

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

---

Services include the following:

1. Outpatient Psychotherapy services are individual psychotherapy, family psychotherapy; and group psychotherapy. Psychotherapy, as defined in the American Medical Association's Current Procedural Terminology (CPT) Manual, is the treatment for mental illness as well as substance use disorders in which the clinician through therapeutic communication attempts to alleviate the emotional disturbances and reverse or change maladaptive patterns of behavior.

Individual psychotherapy is psychotherapy provided by the licensed clinician with the beneficiary. Family psychotherapy is psychotherapy provided by the licensed clinician with one or more family members. Group psychotherapy is psychotherapy provided with the licensed clinician with more than one beneficiary. Psychotherapy services may be provided in a variety of settings and psychotherapy may be practiced utilizing a variety of models many of which have significant evidence backing their efficacy. These models include Behavior Therapy, Cognitive Therapy, Psychodynamic Therapy, Cognitive Behavioral Therapy, and Person-Centered Therapy. Behavior Therapy is a treatment model that focuses on modifying observable behavior in order to regain and restore the beneficiary's level of social and emotional functioning and engagement in the community. Cognitive Therapy is a treatment model that focuses on challenging and changing distorted thinking in order to regain and restore the beneficiary's level of social and emotional functioning and engagement in the community. Psychodynamic Therapy is a treatment model that assumes dysfunctional behavior is caused by unconscious internal conflicts. The focus of treatment is to gain insight into unconscious motives of behavior in order to regain and restore the beneficiary's level of social and emotional functioning and engagement in the community. Cognitive Behavioral Therapy is a treatment model that assumes that maladaptive thinking patterns cause maladaptive behavior as well as negative emotions. The treatment focuses on changing the beneficiary's thoughts in order to change behavior as well as emotions in order to regain and restore the beneficiary's level of social and emotional functioning and engagement in the community.

Person-Centered Therapy is a nondirective treatment model in which the clinician helps the beneficiary increase understanding and awareness of attitudes, feelings, and behavior, in order to regain and restore the beneficiary's level of social and emotional functioning and engagement in the community.

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: North Carolina

---

All psychotherapy services are only for the benefit of Medicaid beneficiary. These services can be furnished by all the North Carolina licensed and certified clinicians listed below. These North Carolina licensed and certified clinicians are: licensed psychologists, licensed clinical social workers, certified clinical nurse specialists in psychiatric mental health advanced practice, nurse practitioners certified in psychiatric mental health advanced practice, licensed physician assistants, licensed psychological associates, licensed clinical mental health counselors, licensed marriage and family therapists, licensed clinical addictions specialists, and certified clinical supervisors. Each of the above listed clinicians are licensed by their respective occupational licensing board and are credentialed to practice independently and it is within their scope of practice to provide individual psychotherapy, family psychotherapy, and group psychotherapy.

2. Psychological testing (e.g., Minnesota Multiphasic Personality Inventory, Rorschach, Wechsler Adult Intelligence Scale) includes written, visual, or verbal evaluations administered to assess the cognitive and emotional functioning of a beneficiary. Developmental testing (e.g., Developmental Screening Test, Bayley Scales of Infant and Toddler Development, Mullen Scales of Early Learning) includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments. Neuro-behavioral testing (e.g., Halstead-Reitan, Wechsler Memory Scales, Wisconsin Card Sorting Test) includes standard tests designed to evaluate different aspects of the functioning of the central nervous system, including attention, motor performance, perceptual coding, learning, memory and affect.

These services are provided by PhD and Masters's Level Psychologist licensed by the State. These individuals have, within the scope of their practice, the ability to perform psychological testing, developmental testing, and neurobehavioral testing. However, each individual psychologist must also have the training and experience required in order to ethically provide each of these assessments according to the requirements of the North Carolina Psychology Board.

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: North Carolina

---

---

Psychological testing, developmental testing, and neuro-behavioral testing should result in recommendations regarding the need for rehabilitative treatment which may include outpatient services and should result in recommendations for type, duration, frequency, or amount of rehabilitative services.

3. All disciplines are licensed or credentialed by the State as mental health clinicians and can practice independently with oversight by their individual boards. Nurse Practitioners must have oversight by the Medical Board, while Licensed Psychological Associates must have supervision by a PhD to bill certain services. This type of requirement does not exist for the other disciplines.
4. Behavioral assessment and counseling codes may be billed by all clinicians. CPT codes or counseling codes should be used to define services provided not based on discipline.

---

TN No. 25-0001  
Supersedes  
TN No. 11-056

Approval Date:

Effective Date: 01/01/2025



State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: North Carolina

---

---

13. D. Behavioral Health Rehabilitative Services (*continued*)

Provider Qualifications for Staff Employed by Agencies Enrolled with Medicaid

Services under this section are provided by licensed practitioners or programs/agencies for the mentally ill, developmentally disabled and substance abusers, certified/licensed as clinical addiction specialists (LCAS) and clinical supervisors (CCS) who are directly enrolled with Medicaid. These services are available to categorically needy and medically needy beneficiaries.

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 (i.e. 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.).

Services may be provided by:

Licensed or certified psychologists, licensed clinical social workers, licensed clinical social worker associates, certified clinical nurse specialists in psychiatric mental health advanced practice, nurse practitioners certified in psychiatric mental health advanced practice, licensed psychological associates, licensed clinical mental health counselors, licensed clinical mental health counselor associates, licensed marriage and family therapists, licensed marriage and family therapist associates, certified/licensed clinical addictions specialists, licensed clinical addictions specialist associates, and certified/licensed clinical supervisors.

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: North Carolina

---

13. D. Behavioral Health Rehabilitative Services (*continued*)

Provider Qualifications for Staff Employed by Agencies Enrolled with Medicaid

Services include the following:

1. Outpatient Psychotherapy services are individual psychotherapy, family psychotherapy; and group psychotherapy. Psychotherapy, as defined in the current American Medical Association's Current Procedural Terminology (CPT) Manual is the treatment for mental illness as well as substance use disorders in which the clinician through therapeutic communication attempts to alleviate the emotional disturbances and reverse or change maladaptive patterns of behavior.

Individual psychotherapy is psychotherapy provided by a licensed clinician with a beneficiary. Family psychotherapy is psychotherapy provided by a licensed clinician with one or more family members. Group psychotherapy is psychotherapy provided by a licensed clinician with more than one beneficiary. Psychotherapy services may be provided in a variety of settings and psychotherapy may be practiced utilizing a variety of models many of whom have significant evidence backing their efficacy. These models include Behavior Therapy, Cognitive Therapy, Psychodynamic Therapy, Cognitive Behavioral Therapy, and Person-Centered Therapy. Cognitive Therapy is a treatment model that focuses on challenging and changing distorted thinking in order to regain and restore the beneficiary's level of social and emotional functioning and engagement in the community. Psychodynamic Therapy is a treatment model that assumes dysfunctional behavior is caused by unconscious internal conflicts. The focus of treatment is to gain insight into unconscious motives of behavior in order to regain and restore the beneficiary's level of social and emotional functioning and engagement in the community. Cognitive Behavioral Therapy is a treatment model that assumes that maladaptive thinking patterns cause maladaptive behavior as well as negative emotions. The treatment focuses on changing the recipient's thoughts in order to change behavior as well as emotions in order to regain and restore the beneficiary's level of social and emotional functioning and engagement in the community. Person-Centered Therapy is a nondirective treatment model in which the clinician helps the beneficiary increase understanding and awareness of attitudes, feelings, and behavior, in order to regain and restore the beneficiary's level of social and emotional functioning and engagement in the community.

State Plan Under Title XIX of the Social Security Act  
 Medical Assistance Program  
 State: North Carolina

---

13. D. Behavioral Health Rehabilitative Services (*continued*)

Provider Qualifications for Staff Employed by Agencies Enrolled with Medicaid

All psychotherapy services are only for the benefit of a Medicaid beneficiary. These services can be furnished by all the North Carolina licensed and certified clinicians listed below. These North Carolina licensed and certified clinicians are: licensed-psychologists, licensed clinical social workers, certified clinical nurse specialists in psychiatric mental health advanced practice, nurse practitioners certified in psychiatric mental health advanced practice, licensed psychological associates, licensed clinical mental health counselors, licensed marriage and family therapists, licensed clinical addictions specialists, and certified clinical supervisors. Each of the above listed clinicians is licensed by their respective occupational licensing board and is credentialed to practice independently and it is within their scope of practice to provide individual psychotherapy, family psychotherapy, and group psychotherapy.

2. Psychological testing (e.g., Minnesota Multiphasic Personality Inventory, Rorschach, and Wechsler Adult Intelligence Scale) includes written, visual, or verbal evaluations administered to assess the cognitive and emotional functioning of a beneficiary. Developmental testing (e.g., Developmental Screening Test, Bayley Scales of Infant and Toddler Development, Mullen Scales of Early Learning) includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments. Neuro-behavioral testing (e.g., Halstead-Reitan, Wechsler Memory Scales, and Wisconsin Card Sorting Test) includes standard tests designed to evaluate different aspects of the functioning of the central nervous system, including attention, motor performance, perceptual coding, learning, memory and affect.

These services are provided by PhD and Masters's Level Psychologist licensed by the State. These individuals have, within the scope of their practice, the ability to perform psychological testing, developmental testing, and neurobehavioral testing. However, each individual psychologist must also have the training and experience required in order to ethically provide each of these assessments according to the requirements of the North Carolina Psychology Board.

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: North Carolina

---

---

13. D. Behavioral Health Rehabilitative Services (*continued*)

Provider Qualifications for Staff Employed by Agencies Enrolled with Medicaid

Psychological testing, developmental testing, and neuro-behavioral testing should result in recommendations regarding the need for rehabilitative treatment which may include outpatient services and should result in recommendations for type, duration, frequency, or amount of rehabilitative services.

3. All disciplines are licensed or credentialed by the State as mental health clinicians and can practice independently with oversight by their individual boards. Nurse Practitioners must have oversight by the Medical Board, while Licensed Psychological Associates must have supervision by a PhD to bill certain services. This type of requirement does not exist for the other disciplines.
4. Behavioral assessment and counseling codes may be furnished and billed by all clinicians. CPT codes or counseling codes should be used to define services provided not based on discipline.

---

TN No. 25-0001  
Supersedes  
TN No.: 11-056

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

---

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

- (v) Partial Hospitalization (PH):  
This is a short-term service for acutely mentally ill children and adults which provides a broad range of intensive therapeutic approaches-including:
  - Individual/group therapies,
  - Community living skills/training, and
  - Coping skills.

Partial Hospitalization is provided in a licensed facility under the direction of a physician. This service must be offered at a minimum of 4 hours per day, 5 days/week. The service must be ordered by a physician, licensed psychologists, physician’s assistant or nurse practitioner.

**Service Operations Requirements:**

Staff shall include at least one qualified mental health professional.

- (a) Each facility serving minors shall have:
  - (1) A program director who has a minimum of two years’ experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field; and
  - (2) one staff member present if only one beneficiary is in the program and two staff members present when two or more beneficiaries are in the program.
- (b) each facility shall have a minimum ratio of one staff member present for every six beneficiaries at all times.
- (c) a physician shall participate in diagnosis, treatment planning, and admission and discharge decisions. This physician shall be a psychiatrist unless a psychiatrist is unavailable or for other good cause cannot be obtained.

---

TN No.: 25-0001  
Supersedes  
TN No.: 13-010

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

---

Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)

Description of Services

Peer Support Services (PSS) (continued)

Service limitations:

- a. A beneficiary can receive PSS from only one provider organization when receiving services. The beneficiary may choose a new provider at any time.
- b. Family members or legally responsible person(s) of the beneficiary are not eligible to provide this service to the beneficiary.
- c. A beneficiary with a sole diagnosis of Intellectual/Developmental Disabilities is not eligible for PSS funded by Medicaid.
- d. Peer Support must not be provided to a beneficiary receiving ACTT, as a peer support specialist is a requirement of that team.
- e. Peer Support must not be provided to a beneficiary receiving-CST, as a peer support specialist may be a component of the service and a beneficiary who is in need of CST and peer support will be offered CST providers who have peers on the team.
- f. PSS must not be provided during the same time of day when a beneficiary is receiving Substance Abuse Intensive Outpatient Program (SAIOP) or Substance Abuse Comprehensive Outpatient Treatment (SACOT), Partial Hospitalization, Psychosocial Rehabilitation, Respite, or Individual Support services.
- g. PSS must not be duplicative of other Medicaid services the beneficiary is receiving.
- h. Transportation of a beneficiary is not covered as a component for this policy. Any provision of services provided to a beneficiary during travel must be indicated in the PCP prior to the travel and must have corresponding documentation supporting intervention provided. This limitation does not impact a beneficiary's ability to access non-emergency medical transportation (NEMT).

Place of service:

PSS is a direct periodic service provided in a range of community settings. It may be provided in the beneficiary's place of residence, community, in an emergency department, or in an office setting. It may not be provided in the residence of PSS staff.

---

TN No: 25-0001  
Supersedes  
TN No: 19-0006

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

---

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

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

Each facility shall have staff ratios, trained staff, and protocols and procedures in conformance with State policies and rules. Aftercare planning includes: (aftercare planning is the responsibility of the Qualified Professional)

Discharge planning which begins at admission, including:

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

This service is designed as a time-limited alternative to hospitalization for an individual in crisis. Providers are required to staff programs according to population designation above. Staff eligible to provide this service include: Board-eligible or board certified child psychiatrist or a general psychiatrist with a minimum of two years’ experience in the treatment of children and adolescents, Licensed Practicing Psychologists, Licensed Professionals (Licensed Clinical Social Workers, Licensed Clinical Mental Health Counselors, Licensed Clinical Addiction Specialists, Licensed Marriage and Family Therapists, Registered Nurses, Licensed Practical Nurse), Qualified Professionals, Associate Professionals and/or Paraprofessionals (as defined in Attachment 3.1-A.1 Pages 7c. 10-11) with disability-specific knowledge, skills, and abilities required by the population and age to be served. Practitioners providing direct services to beneficiaries must be licensed or certified by the State. The program shall be under the supervision of a psychiatrist, the licensed professional provides clinical supervision to the program, and the program shall have the capacity to provide more intensive supervision in response to the needs of individual clients.

The Facility Based Crisis program must address the age, behavior, and developmental functioning of each recipient to ensure safety, health and appropriate treatment interventions within the program milieu. The facility must ensure the physical separation of children from adolescents by living quarters, common areas, and in treatment, etc. If adults and children are receiving services in the same building, the facility must ensure complete physical separation between adults and children. All facilities serving both children and adults shall have 16 beds or less.

Each facility must be staffed at a minimum of a psychiatrist, a registered nurse (24 hours/day), and an additional licensed professional. A physician is available 24/7 and must conduct a psychiatric assessment within 24 hours of admission. A registered nurse must conduct a nursing assessment within 24 hours on admission and oversee the monitoring of patient’s progress and medications. A licensed professional must conduct a comprehensive clinical assessment upon admission. Treatment interventions may be performed by all staff based on their qualifications and/or scope of practice. Aftercare planning may be performed by any Qualified Professional. This service must be ordered by an MD, NP, PA or PhD psychologist

---

TN. No.: 25-0001  
Supersedes  
TN. No.: 21-0001

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

---

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

Facility Based Crisis is not available for:

- a. room and board services;
- b. educational, vocational and job training services;
- c. habilitation services;
- d. services to inmates in public institutions as defined in 42 CFR §435.1010;
- e. services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010;
- f. recreational and social activities; and
- g. services that must be covered elsewhere in the state Medicaid plan.

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 (i.e. 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.).

---

TN. No.: 25-0001  
Supersedes  
TN. No.: 10-002

Approval Date:

Effective Date: 01/01/2025



State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

---

**PAGE INTENTIONALLY LEFT BLANK**

---

TN. No.: 25-0001  
Supersedes  
TN. No.: 18-0003

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

---

**PAGE INTENTIONALLY LEFT BLANK**

---

TN. No.: 25-0001  
Supersedes  
TN. No.: 18-0003

Approval Date:

Effective Date: 01/01/2025

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

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

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

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

It is offered 7 days/week and must be provided in a licensed facility. At no time will the staff to recipient ratio be less than 1:6 for adult mental health recipients, 1:9 for substance abuse recipients. This service must be provided in a facility with 16 beds or less. Medicaid reimburses only treatment costs.

In accordance with 25U.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 (i.e. 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.).

Inpatient psychiatric facility services for individuals under 21 years of age.

DEFINITION: Inpatient psychiatric services for recipients under age 21 must be provided by a psychiatric facility or an inpatient program in a psychiatric facility that meets the requirements set forth in 42 CFR Section 441.151 and 42 CFR Section 483, Subpart G.

These services are provided before the recipient reaches age 21 or, if the recipient was receiving the services immediately before he or she reached age 21, before the earlier of the following:

- (a) The date he or she no longer requires the services; or
- (b) The date he or she reaches age 22.

Prior approval is required via the utilization management contractor. The initial prior approval process will ensure that the level of the service is appropriate, and concurrent reviews will determine the ongoing medical necessity for the service.

TN No. 24-0001  
Supersedes  
TN No.  
230004-A

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

---

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

Qualified Professional (QP): In addition to the following components, the QP may provide any activity listed under Associate Professional or Paraprofessional: developing, implementing, and monitoring the Person Centered Plan; behavioral interventions/management; social and other skill restoration, adaptive skill training; enhancement of communication and problem solving skills, anger management, family support, medication monitoring, monitoring of changes in psychiatric symptoms/or functioning.

Associate Professional (AP): In addition to the following components, the AP may provide the activities listed under Paraprofessionals: behavioral interventions/management; social and other skill restoration, adaptive skill training; restoration of communication and problem solving skills, anger management, family support, medication monitoring, monitoring of changes in psychiatric symptoms/or functioning.

Paraprofessional: The Paraprofessional may provide restoration of skills needed for community living, use of leisure time, workplace skills, and the skills needed to pursue needed education services.

**Operating Requirements:**

Each facility shall have a designated program director. A minimum of one staff member on-site to each eight or fewer beneficiaries in average daily attendance shall be maintained.

PSR is available for a period of 5 or more hours per day. There should be a supportive, therapeutic relationship between providers and the beneficiary. It is provided in a licensed facility with staff to beneficiary ratio of 1:8. This service must be ordered by an MD, NP, PA or PhD psychologist.

**Exclusions and limitations of PSR are:**

- PSR cannot be provided during the same episode of care with the following services: Partial hospitalization and ACT.
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

---

TN No.: 25-0001  
Supersedes  
TN No.: 13-010

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
 Medical Assistance Program  
 State: NORTH CAROLINA

---

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

**(xii) Substance Abuse Comprehensive Outpatient Treatment (SACOT)**

This periodic service is a time-limited, multifaceted service approach for adults who require structure and support to achieve and sustain recovery. It emphasizes reduction in use and abuse of substances and/or continued abstinence, the negative consequences of substance abuse, development of a support network necessary to support necessary life style changes, and the continued commitment to recovery. The individual components of the services include:

- Individual counseling and support,
- Group counseling and support,
- Family counseling and support,
- Biochemical assays to identify recent drug use (e.g. urine drug screens),
- Strategies for relapse prevention to include community and social support systems in treatment,
- Crisis contingency planning,
- Self-managements of symptoms, and
- Treatment support activities that have been adapted or specifically designed for persons with physical disabilities, persons with co-occurring disorders of mental illness and substance abuse/dependence or mental retardation/developmental disabilities and substance abuse/dependence.

This service must operate at least 20 hours per week and offer a minimum of 4 hours of scheduled services per day with availability of at least 5 days per week with no more than a 2 day lapse between services. Staff must meet the requirements for CCS, LCAS and CADC or a QP, AP or paraprofessional. Recipients must have ready access to psychiatric assessment and treatment services when warranted by the presence of symptoms indicating a co-occurring disorder. This service must be ordered by an MD, NP, PA or PhD psychologist.

**Exclusions and limitations of SACOT are:**

- SACOT cannot be billed during the same episode of care as SA Intensive Outpatient Program, all detoxification services levels (with the exception of Ambulatory Detoxification) or Non-Medical Community Residential Treatment or Medically Monitored Community Residential Treatment.
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

---

TN No: 25-0001  
 Supersedes  
 TN No: 13-010

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: North Carolina

---



---

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

(i) Substance Abuse Intensive Outpatient (SAIOP)

This service provides motivational enhancement and engagement therapies for recovery, random alcohol/drug testing and strategies for relapse prevention to include community and/or other strategies for relapse preventions. These therapies include:

- Individual counseling and support,
- Group counseling and support,
- Family counseling and support,
- Biochemical assays to identify recent drug use (e.g. urine drug screens),
- Strategies for relapse prevention: community and social support systems in treatment,
- Crisis contingency planning, and
- Self-Management of Symptoms and Treatment support activities that have been adapted or specifically designed for persons with physical disabilities or persons with co-occurring disorders of mental illness and/or developmental disabilities and/or substance abuse/dependence.

Family counseling and support as well as group counseling and support are provided only for the direct benefit of the recipient of the SAIOP program.

SAIOP must be available for a minimum of 3 hours per day, be operated out of a licensed substance abuse facility and can be provided in a variety of settings. The maximum face to face ratio is an average of not more than 12 recipients to 1 direct services staff based on average daily attendance. This service can only be provided by qualified substance abuse professional staff with the following licenses or certifications: Licensed Psychological Associates, Licensed Clinical Mental Health Counselors, Licensed Clinical Social Workers, Certified Alcohol and Drug Counselors, and Licensed Clinical Addiction Specialists. This service must be ordered by an MD, NP, PA or PhD psychologist.

**Exclusions and limitations of SAIOP are:**

- SAIOP cannot be billed during the same episode of care as SA Comprehensive Outpatient Treatment, Ambulatory Detoxification, Non-Hospital Medical Detoxification, all detoxification services levels, Non-Medical Community Residential Treatment or Medically Monitored Community Residential Treatment.
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the North Carolina State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

---

TN No.: 25-0001  
Supersedes  
TN No.: 13-010

Approval Date:

Effective Date: 01/01/2025

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

---

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

(xiv) Substance Abuse Medically Monitored Residential Treatment

This is a 24 hour non-hospital, medically monitored residential recovery program in a facility with 16 beds or less, with 24 hour medical/nursing monitoring where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and other drug problems/addictions occurs. This facility is not a detoxification facility but the focus is on treatment after detoxification has occurred. Substance Abuse Medically Monitored Residential Treatment service is provided in a non-hospital rehabilitation facility and provides assessments, monitoring of patient's progress and medication administration, treatment relating to restoration of functioning (sustained improvement in health and psychosocial functioning, reduction of psychiatric symptoms when present, and reduction in risk of relapse); and staff serve first responder for crisis intervention. Treatments related to restoration of functioning include individual counseling, group counseling, family counseling, biochemical assays, life skills training, strategies for relapse prevention, and self-management of symptoms.

It is staffed by Certified Clinical Supervisor, Licensed Clinical Addiction Specialist and Certified Alcohol and Drug Counselor's, QPs, APs and paraprofessionals with training and expertise with this population. This service must be ordered by an MD, NP, PA or PhD psychologist.

Exclusions and limitations of Substance Abuse Medically Monitored Residential Treatment are:

- This service cannot be billed the same day as any other MHSA service except CST or ACT.
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

---

TN No: 25 - 0001

Supersedes

TN No: 21-0021

Approval Date:

Effective Date: 01/01/2025



State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

---

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

(xiii) Substance Abuse Non-Medical Community Residential Treatment

This is a 24 hour residential recovery program professionally supervised that works intensively with adults. It is a licensed rehabilitation facility with 16 beds or less without medical nursing/ monitoring, with a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with an addictions disorder. Programs include assessment/referral, individual and group therapy, family recovery, recovery skills training, care management, symptoms monitoring, medication monitoring and self-management of symptoms. Care management and coordination includes coordination with other providers to assure continuity of services, discharge planning, and coordination of care among providers. Services in the person-centered plan will be adapted to the client's developmental and cognitive level. Staff requirements are CCS, LCAS and CADC; or a QP, AP or paraprofessional (staff definitions are included at the end of this document). Medicaid will not pay room and board; will pay only the treatment component. This service must be ordered by an MD, NP, PA or PhD psychologist.

(xiv) Exclusions and limitations of Substance Abuse Non-Medical Community Residential Treatment are:

- This service cannot be billed the same day as any other MHSA service except CST or ACT.
- For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

---

TN No: 25-0001

Supersedes

TN No: 21-0021

Approval Date:

Effective Date: 01/01/2025