



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

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Governor

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To: Joint Legislative Oversight Committee Members on HHS
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 Advocacy Organizations and Groups
 NC Association of County Commissioners
 County Managers
 County Board Chairs
 NC Council of Community Programs

State Facility Directors
 LME/MCO Directors
 LME/MCO Board Chairs
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 Provider Organizations
 MH/DD/SAS Professional Organizations and Groups
 MH/DD/SAS Stakeholder Organizations and Groups
 NC Association of County DSS Directors

From: Jim Jarrard

Communication Bulletin #131
Enhanced Mental Health and Substance Abuse
Services Policies



The Division of Medical Assistance (DMA) has removed State-Funded policy language from Clinical Coverage Policy 8A. DMA will publish a Medicaid only version of Clinical Coverage Policy 8A (Enhanced Mental Health and Substance Abuse Services) that does not include references to Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) State-Funded services. Medicaid services that are not covered under Clinical Coverage Policy 8A include:

- Substance Abuse Halfway House
- Substance Abuse Social Setting Detox
- Peer Support Services

Separate policies pertaining to State-Funded services will be available through the DMH/DD/SAS. The clinical service definition requirements for State-Funded services are the same as the Medicaid Clinical Coverage Policy 8A. However, the State-Funded Enhanced Mental Health and Substance Abuse Services will include Substance Abuse Halfway House and Substance Abuse Social Setting Detox.

The State-Funded Enhanced Mental Health and Substance Abuse Services policy document will be available on the Division of Mental Health, Developmental Disabilities and Substance Abuse Services website at:

<http://www.ncdhhs.gov/mhddsas/providers/servicedefs/index.htm>.

www.ncdhhs.gov • www.ncdhhs.gov/mhddsas/
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In addition to removing references to State-Funded services, the version of Clinical Coverage Policy 8A being published May 1, 2013 will also have the following changes:

- Merged Medicaid and Health Choice policies into one policy
- Changed the term recipient to beneficiary throughout the document (In the State-Funded services document, the term recipient was changed to individual.)
- Removed Attachment D as the billing codes were in Attachment A
- Changed references to provisionally licensed professional to the new term of associate level professional (This change was also made in the State-Funded document.)

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