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Related Service Definition Clinical Policies

Refer to https://www.ncdhhs.gov/providers/provider-info/mental-health-development-disabilities-and-substance-abuse-services/service-definitions for the related state-funded service definition clinical policies listed below:
State-Funded Enhanced Mental Health and Substance Abuse Services
State-Funded Assertive Community Treatment (ACT) Program
State-Funded Community Support Team (CST)

1.0 Description of the Service

Inpatient Behavioral Health Services provide hospital treatment in a hospital setting 24 hours a day. Supportive nursing and medical care are provided under the supervision of a psychiatrist or a physician. This service is designed to provide continuous treatment for individuals with acute psychiatric or substance use problems.

a. For individuals with substance use disorder, this service covers:
   1. Medically Managed Intensive Inpatient Services- Adolescent;
   2. Medically Managed Intensive Inpatient Services- Adult; and
   3. Medically Managed Intensive Withdrawal Management Services- Adult

b. For individuals with mental health disorders, this service covers:
   1. Inpatient Psychiatric Hospitalization- Child/Adolescent; and
   2. Inpatient Psychiatric Hospitalization - Adult

1.1 Definitions

1.1.1 The American Society of Addiction Medicine (ASAM) Criteria:

The American Society of Addiction Medicine is a treatment criteria for addictive, substance-related, and co-occurring conditions.

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

Is a tool utilized to assess an individual's alcohol withdrawal.

1.1.3 Medication Assisted Treatment (MAT):

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

2.0 Eligibility Requirements

2.1 General Provisions

a. An eligible individual shall be enrolled with the LME-MCO on or prior to the date of service, meet the criteria for a state-funded Benefit Plan and shall meet the criteria in Section 3.0 of this policy.

b. Provider(s) shall verify each individual's eligibility each time a service is rendered in order to bill state funds.

3.0 When the Service Is Covered

3.1 General Criteria Covered

State funds shall cover the services related to this policy when medically necessary, and:

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

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by State Funds

State funds shall cover Inpatient Behavioral Health Services when the individual meets the specific criteria in **Attachments B, C, and D**.

4.0 When the Service Is Not Covered

4.1 General Criteria Not Covered

State funds shall not cover the service related to this policy when:

a. the individual does not meet the eligibility requirements listed in **Section 2.0;**
b. the individual does not meet the criteria listed in **Section 3.0;**
c. the service duplicates another provider's service; or
d. the service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by State Funds

None Apply.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

State funds shall not require prior approval for Inpatient Behavioral Health Services upon admission through the first 72 hours of service.

5.2 Prior Approval Requirements

5.2.1 General

None apply.

5.3 Utilization Management and Additional Limitations or Requirements

5.3.1 Certificates of Need

The admitting hospital is responsible for obtaining a certificate of need (CON) for inpatient hospitalization for persons under age 21 in accordance with Subpart D of 42 CFR § 441,152. The certificate of need must be made by an interdisciplinary team. The CON cannot be retroactive.

5.3.2 Utilization Management

Utilization management of covered services is a part of the assurance of medically necessary service provision. Authorization, which is an aspect of utilization management, validates approval to provide a medically necessary covered service to an eligible individual.

Services are based upon a finding of medical necessity, must be directly related to the individual's diagnostic and clinical needs and are expected to achieve the specific rehabilitative goals detailed in the individual's service plan. Medical necessity is determined by North Carolina community practice standards, by 10A NCAC 25A .0201, and as verified by the LME/MCO or utilization management contractor who evaluates the request to determine if medical necessity supports intensive services.

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

To request an initial authorization, the CCA or DA, service order for medical necessity, the service plan, and the required state-funded authorization request form must be submitted to the PIHP or utilization management contractor within the first 72 hours of service initiation.

Concurrent reviews will determine the ongoing medical necessity for the service or the need to move up or down the continuum of services to another level of care. Providers shall submit an updated PCP and any authorization or reauthorization forms required by the LME-MCO.

6.0 Provider(s) Eligible to Bill for the Service

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

a. meet a state-funded Benefit Plan 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 services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications

The provider shall be licensed by the NC Division of Health Service Regulation under 10A NCAC 27G Section .6000 INPATIENT HOSPITAL TREATMENT FOR INDIVIDUALS WHO HAVE MENTAL ILLNESS OR SUBSTANCE ABUSE DISORDERS unless provided by a IHS or compact operated by a Federally Recognized Tribe as allowed in 25 USC 1621t and 1647a, or provided by a State or Federally operated facility also allowed by §122C-22.(a)(3).

NC Division of Health Service Regulation
Mental Health Licensure and Certification Section
Refer to https://info.ncdhhs.gov/dhsr/mhlcs/mhpage.html

6.2 Provider Accreditation

The psychiatric hospital or the inpatient program within a general hospital must be accredited by The Joint Commission on Accreditation of Healthcare Organizations.

Providers changing licensure categories or opening a new facility will have one year from Centers for Medicare and Medicaid Services (CMS) certification to achieve accreditation through the Joint Commission.

7.0 Additional Requirements

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), 42 CFR Part 2 and record retention requirements; and

b. All Division of MH/DD/SAS's service definition clinical policies, guidelines, policies, provider manuals, implementation updates, and bulletins, DHHS, DHHS division(s) or fiscal contractor(s). Federally recognized tribal and IHS providers may be exempt to one or more of these items in accordance with Federal law and regulations.

7.2 Plan of Care

The provider shall establish a written individual plan of care for the individual receiving services.

7.3 Preadmission Authorization and Continued Stay Reviews

The LME/MCO conducts initial authorization for continued stay (concurrent) reviews.

7.4 Documentation Requirements

Minimum standard is a shift service note that includes:

a. individual's first and last name and date of birth on each page of the service record;
b. the date of service;
c. covered hours for the shift
d. the purpose of contact with the individual;
e. a description of the interventions;
f. the effectiveness of interventions; and
g. the signature and credentials of the staff providing the service.

In addition, detoxification rating scale tables and flow sheets (including tabulation of vital signs) are used as needed. The provider shall discuss the discharge plan with the individual and document the plan in the health record.

An initial assessment must be completed within 72 hours of admission to Inpatient Behavioral Health Services- Medically Managed Intensive Inpatient Services and Medically Managed Intensive Inpatient Withdrawal Management and updated prior to discharge to determine the next clinically appropriate level of care. The initial assessment must include the following documentation in the service record:

a. a comprehensive nursing assessment, performed at admission;

b. approval of the admission by a physician;

c. a comprehensive history and physical examination performed within 12 hours admission, accompanied by appropriate laboratory and toxicology tests;

d. an addiction-focused history, obtained as part of the initial assessment and reviewed by a physician during the admission process;

e. a pertinent social, family, and medical history; and

f. other evaluations or assessments as appropriate.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2017

Revision Information:

Date	Section Revised	Change
7/1/17	All Sections and Attachments	State-funded service definition implementation.
12/15/19	Attachment A	Added: "Note: Providers using the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0–5) manual shall submit claims using the ICD-10 diagnosis code that corresponds to the chosen DC:0-5 diagnosis."
12/15/19	Attachment A, B & C	Added: "Note: North Carolina Medicaid and North Carolina Health Choice shall not reimburse for conversion therapy."
10/01/20	Attachment B	Added: "Certified Alcohol and Drug Counselor (CADC)" to comply with NC General Assembly Session Law 2019-240 Senate Bill 537. Policy amendment(s) ~~will~~ shall be effective the date the related rule change for 10A NCAC 27G is finalized.
10/01/20	Attachment B	Added: "Note: To comply with the NC General Assembly Session Law 2019-240 Senate Bill 537, the certification name for Certified Substance Abuse Counselor (CSAC) is amended to Certified Alcohol and Drug Counselor (CADC). Policy amendment(s) shall be effective the date the related rule for 10A NCAC 27G is finalized."
6/1/23	Related Service Definition Clinical Policies	Added: State-Funded Enhanced Mental Health and Substance Abuse Services, State-Funded Assertive Community Treatment (ACT) Program, and State-Funded Community Support Team (CST)
6/1/23	Section 1.0	Added: language clearly defining the substance use and mental health levels of care as well as the ages eligible for each distinct level of care Added: definitions for ASAM, CIWA-Ar, and Medication Assisted Treatment
6/1/23	Section 3.2.2-3.2.9	Moved all admission criteria to the relevant diagnostic sections.
6/1/23	Section 5.1	Added 'through the first 72 hour hours of service'.
6/1/23	Section 5.2.1	Updated to read 'None apply.'
6/1/23	Section 5.3	Updated section title to read 'Utilization Management and Additional Limitations and Requirements'
6/1/23	Section 5.3.2	Added section 5.3.2 Utilization Management

Date	Section Revised	Change
6/1/23	Section 6.1	Added: under 10A NCAC 27G Section .6000 INPATIENT HOSPITAL TREATMENT FOR INDIVIDUALS WHO HAVE MENTAL ILLNESS OR SUBSTANCE ABUSE DISORDERS unless provided by a IHS or compact operated by a Federally Recognized Tribe as allowed in 25 USC 1621t and 1647a. NC Division of Health Service Regulation Mental Health Licensure and Certification Section Refer to https://info.ncdhhs.gov/dhsr/mhlcs/mhpage.html Moved language regarding licensure requirements from Section 6.1 to Section 6.2- Provider Accreditation
6/1/23	Section 6.2	Added language addressing providers changing licensure categories
6/1/23	Section 7.1 b.	Added 'Federally recognized tribal and Indian Health Service providers may be exempt to one or more of these items in accordance with Federal law and regulations.'
6/1/23	Section 7.5	Removed 'for 8 hours of services provided', listed required components of documentation in bulleted format. Removed 'Refer to Attachment B for service specific requirements', Added guidance regarding initial assessment requirements
6/1/23	Attachment A	Added 'Federally recognized tribal and Indian Health Service providers may be exempt to one or more of these items in accordance with Federal law and regulations.'
6/1/23	Attachment B	Removed Level 4-WM, added 'Withdrawal Management' and ASAM Level 4-WM Added language requiring providers to either initiate or sustain any MAT the individual needs to support their recovery from substance use Changed 'physician' to 'non-psychiatric physician' Clarified that CCS or LCAS are responsible for supervising the clinical care provided Added clarifying language from the 2013 ASAM Criteria regarding required components for a Medically Managed Intensive Inpatient Withdrawal Management Services Added requirements for physicians and psychiatrists, nursing staff, and clinical staff in Staffing Requirements Removed language stating initial authorization is limited to seven calendar days. Updated Entrance Criteria to reflect 2013 ASAM Criteria Deleted initial assessment requirements, moved to section 7.5 Replaced Person Centered Plan with treatment plan Revised Continued Stay Criteria, combining letter e. with letter d.

Date	Section Revised	Change
6/1/23	Attachment B	Revised Discharge Criteria section to address Transition and Discharge Criteria, clarified transition and discharge criteria Added 'stabilization of withdrawal signs and symptoms' to Expected Outcomes Removed 'for every 8 hours of services provided' in Documentation Requirements Revised Service Exclusions or Limitations from paragraph format to bullet list Removed three examples of when 'Services are not covered', removed language addressing initial authorization, continuing authorization, and Certificate of Need and moved it to Section 5.0
6/1/23	Attachment C	Added new attachment for Medically Managed Intensive Inpatient Services, ASAM Level 4
6/1/23	Attachment D	Removed 'his', replaced with 'their' Changed 'physician' to 'non-psychiatric physician Removed 'prior to' and replaced with 'before' Replaced 'face-to-face' with 'in-person' Replaced 'medical' with 'physical health' Deleted language regarding initial authorization being limited to 72 hours Moved 'Symptoms are not due solely to intellectual disability' from Continued Stay Criteria to Entrance Criteria Added I. Entrance Criteria for Individuals with Non-Substance Use Disorders Ages 18 and older, re-ordered subsequent sections Section J- replaced 'three calendar days' with '72 hours', revised this section to remove duplicative statements and to better clarify what the continued stay criteria is Section K- Clarified this section addresses Continued Stay Criteria for Individuals with a Non-Substance Use Disorders Ages 18 and older Updated Section L to address Transfer and Discharge Criteria Removed 'will' and replaced with Shall Removed 'for every 8 hours of services provided' in Documentation Requirements, added 'coverage hours for the shift'

Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, joint communication bulletins, fee schedules, DMH/DD/SAS's service definition clinical policies and any other relevant documents for specific coverage and reimbursement for state funds. Federally recognized tribal and Indian Health Service providers may be exempt from one or more of these items in accordance with Federal law and regulations:

A. Claim Type

Institutional (UB-04/837I transaction)

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

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. The subset of allowed codes, including the DMHDDSAS Benefit Plan Diagnosis Array for state fund billing, may be found at https://www.ncdhhs.gov/providers/provider-info/mental-health-development-disabilities-and-substance-abuse-services/nctracks/nctracks-fy-2023-documents.

Note: Providers using the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0–5) manual shall submit claims using the ICD-10 diagnosis code that correspond to the chosen DC:0-5 diagnosis.

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the service provided.

In addition to the appropriate revenue codes, the LME/MCO must identify the appropriate inpatient service provided by using the following local procedure code: YP 820

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). Psychiatric and substance use disorder therapeutic interventions are reimbursed at a per diem rate based on occupancy on the inpatient unit during midnight bed count.

F. Place of Service

Inpatient Behavioral Health services are covered in a hospital as defined in G.S. 131E-176(13).

G. Reimbursement

Provider(s) shall bill based on their contractual agreement with the LME/MCO.

Physician and other professional time are included in the daily rate and cannot be billed separately.

Note: The Division of MH/DD/SAS shall not reimburse for conversion therapy.

Attachment B: Medically Managed Intensive Inpatient Withdrawal Management Services

ASAM Level 4WM

A. Service Definition and Required Components

Medically Managed Intensive Inpatient Withdrawal Management Service is an organized service delivered by medical and nursing professionals that provides for 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols. This is an American Society of Addiction Medicine (ASAM) Level 4-WM for adults whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care, 24-hour observation, monitoring, and withdrawal management services in a medically monitored inpatient setting. The intended outcome of this level of care is to sufficiently resolve the signs and symptoms of withdrawal so the individual can be safely managed at a less intensive level of care. This level of care must be capable of initiating or continuing any MAT that supports the individual in their recovery from substance use.

A service order for Medically Managed Intensive Inpatient Withdrawal Management Services must be completed by a physician, licensed psychologist, physician assistant or nurse practitioner according to their scope of practice before or on the day that the services are to be provided.

B. Provider Requirements

Medically Managed Intensive Inpatient Withdrawal Management Services must be delivered by an interdisciplinary team comprised of addiction-credentialed physicians, nurse practitioners, physician assistants, nurses, counselors, psychologists, and social workers and other appropriately credentialed treatment professionals employed by an organization that meets the provider qualification policies, procedures, and standards established by Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services.

Medically Managed Intensive Inpatient Withdrawal Management Services must be delivered in a licensed 24-hour inpatient setting or in State operated facilities where medical management is provided by physicians 24 hours a day, primary nursing care and observation is provided 24 hours a day, and professional counseling services are available and provided eight (8) hours a day. This service may be provided at an acute care general hospital, an acute care psychiatric hospital, a psychiatric unit within an acute care general hospital, or a licensed addiction treatment specialty hospital with acute care medical and nursing staff, or in State Operated Healthcare Facilities. A psychiatric hospital or an inpatient program in a hospital shall be accredited in accordance with 42 CFR 441.151(a)(2).

C. Staffing Requirements

Medically Managed Intensive Inpatient Withdrawal Management Services are staffed by non-psychiatric physicians and psychiatrists who are available 24 hours a day by telephone, conduct assessments within 24 hours of admission, and are active members of an interdisciplinary team of appropriately trained professionals, and who medically manage the care of the individual. A registered nurse is available for primary nursing care and observation 24 hours per day. Clinical

staffing must be in place to ensure that professional counseling services are available and provided at minimum eight hours a day. Staffing must be sufficient to ensure that monitoring is completed based on medical and clinical need. Appropriately licensed and credentialed staff is available to administer medications in accordance with physician orders.

Support systems must include availability of specialized medical consultation, full medical acute care services, and intensive care, as needed. These services are designed to treat the individual's level of clinical severity and to achieve safe and comfortable withdrawal from alcohol and other substances to effectively facilitate the individual's transition into ongoing treatment and recovery. Persons who meet the requirements specified for Certified Clinical Supervisor (CCS), Licensed Clinical Addictions Specialty (LCAS), and Certified Substance Abuse Counselor (CSAC) or Certified Alcohol and Drug Counselor (CADC) under Article 5C may deliver a planned regimen of 24-hour evaluation, care and treatment services for patients engaged in Medically Managed Intensive Inpatient Withdrawal Management Substance Use Services. The planned regimen of 24-hour clinical evaluation and treatment services must be under the supervision of a CCS or LCAS who is available by phone 24 hours a day. The CCS, LCAS, CSAC or CADC must be available eight hours a day to administer planned interventions according to the assessed needs of the individual.

The planned regimen of 24-hour evaluation, care and treatment services for patients engaged in Medically Managed Intensive Inpatient Withdrawal Management Substance Use Services may also be provided by staff who meet the requirements specified for Qualified Professional (QP) or Associate Professional (AP) status in Substance Abuse according to 10A NCAC 27G .0104, under the supervision of a LCAS or CCS.

Paraprofessional level providers who meet the requirements for Paraprofessional status according to 10A NCAC 27G .0104 and who have the knowledge, skills and abilities required by the population and age to be served may deliver the planned regimen of 24-hour evaluation, care and treatment services for patients engaged in Medically Managed Intensive Inpatient Withdrawal Management Services, under the supervision of a LCAS or CCS.

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

Note: Per 25 USC 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. Service Type or Setting

Services shall be provided in a licensed 24-hour inpatient setting. This service may be provided in a licensed community hospital or a facility licensed under 10A NCAC 27G .6000 unless provided by an IHS or compact operated by a Federally Recognized Tribe as allowed in 25 USC 1621t and 1647a.This substance use disorder service may be provided in an Institute of Mental Disease (IMD.)

E. Utilization Management

Authorization by the LME/MCO contractor is required for concurrent reviews.

F. Entrance Criteria

The following criteria are to be utilized for review for psychiatric treatment of an individual aged 18 and older with a substance use disorder(s):

1. Any DSM-5, or any subsequent editions of this reference material, diagnosis of substance use, and

2. Meets American Society of Addiction Medicine (ASAM) Level 4-WM Medically Managed Intensive Inpatient Withdrawal Management Services.

G. Continued Stay Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the individual's treatment plan or the individual continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

a. The individual has achieved initial treatment plan goals and these services are needed to meet additional goals.
b. The individual is making satisfactory progress toward meeting goals.
c. The individual is making some progress, but the treatment plan (specific interventions) needs to be modified so that greater gains, which are consistent with the individual's premorbid level of functioning, are possible or can be achieved.
d. The individual is not making progress or regressing; the treatment plan must be modified to identify more effective interventions.

The provider shall conduct utilization review every 7 calendar days and document it in the treatment plan and the service record.

H. Transfer and Discharge Criteria

The individual meets the criteria for transition and discharge if any one of the following applies:

a. The individual has achieved goals articulated in the treatment plan, thus resolving the symptom(s) that justified admission to the present level of care; and continuing the chronic disease management of the individual's condition at a less intensive level of care is indicated; or
b. The individual has been unable to resolve the symptom(s) that justified admission to the present level of care, or symptom(s) have intensified despite amendments to the treatment plan, and an updated CCA or DA indicates transfer to a different level is needed; or
c. The individual has demonstrated a lack of progress due to diagnostic or co-occurring conditions that limit the ability to alleviate the individual's symptoms(s), and an updated assessment indicates transfer to a different level of care is needed; or
d. The individual or legally responsible person no longer wishes to receive Inpatient Behavioral Health Services.

I. Expected Outcomes

The expected outcome of this service is the establishment of abstinence and the stabilization of withdrawal signs and symptoms sufficient to enable a transfer to a less restrictive level of care.

J. Documentation Requirements

Minimum standard is a shift service note that includes the individual's full name, birth date, date of service, coverage hours for the shift, purpose of contact, describes the provider's interventions, the time spent performing the intervention, the effectiveness of interventions and the signature and credentials of the staff providing the service. In addition, detoxification rating scale tables and flow sheets (including tabulation of vital signs) are used as needed. The provider shall discuss the discharge plan with the individual and document the plan in the health record.

K. Service Exclusions or Limitations

The non-duplicative components (case management) of the following services can be provided to individuals being admitted to or discharged from Medically Managed Intensive Inpatient Withdrawal Management Service:

a. Intensive In-Home Services;

b. Multisystemic therapy;

c. Community Support Team;

d. Assertive Community Treatment;

e. Substance Abuse Intensive Outpatient; and

f. Substance Abuse Comprehensive Outpatient.

Supports provided should be delivered in coordination with the Medically Managed Intensive Inpatient Withdrawal Management Substance Use provider and be documented in the treatment plan. Discharge planning shall begin upon admission to the service.

Attachment C: Medically Managed Intensive Inpatient Services

ASAM Level 4

A. Service Definition and Required Components

Medically Managed Intensive Inpatient Service is an organized service delivered in an acute care inpatient setting. This service encompasses a regimen of medically directed evaluation and treatment services, provided in a 24-hour treatment setting, under a defined set of policies, procedures, and individualized clinical protocols. This is an American Society of Addiction Medicine (ASAM) Level 4 for adolescents and adults whose acute biomedical, emotional, behavioral and cognitive problems are so severe that they require primary medical and nursing care. The outcome of this level of care is stabilization of acute signs and symptoms of substance use, and a primary focus of the treatment plan should be coordination of care to ensure a smooth transition to the next clinically appropriate level of care. This level of care must be capable of initiating or continuing any MAT that supports the individual in their recovery from substance use.

When serving adolescents in Medically Managed Intensive Inpatient Services, the facility must be able to provide withdrawal management services that address the physiological and psychological symptoms, and also address the process of interrupting the momentum of habitual compulsive use in adolescents diagnosed with high-severity substance use disorder. This level of treatment shall require a greater intensity of service initially in order to establish treatment engagement and the adolescent role induction.

A service order for Medically Managed Intensive Inpatient Services must be completed by a physician, licensed psychologist, physician assistant or nurse practitioner according to their scope of practice before to or on the day that the services are to be provided.

B. Provider Requirements

Medically Managed Intensive Inpatient Services for adolescents and adults must be delivered by an interdisciplinary team comprised of addiction-credentialed physicians and other appropriately credentialed treatment professionals employed by an organization that meets the provider qualification policies, procedures, and standards established by Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services.

Medically Managed Intensive Inpatient Services for adolescents and adults must be delivered in a licensed 24-hour inpatient setting or in State operated facilities. This service may be provided at an acute care general hospital, an acute care psychiatric hospital, a psychiatric unit within an acute care general hospital, or a licensed addiction treatment specialty hospital with acute care medical and nursing staff, or in a State operated psychiatric hospital. A psychiatric hospital or an inpatient program in a hospital shall be accredited in accordance with 42 CFR 441.151(a)(2).

C. Staffing Requirements

Medically Managed Intensive Inpatient Services for adolescents and adults are staffed by non-psychiatric physicians, psychiatrists, physician extenders, and nurse practitioners who medically manage the care of the individual. A physician shall be available 24 hours a day by telehealth or telephone. A registered nurse is available for nursing assessments, primary nursing care and observation 24 hours per day. Professional clinical counseling services are available a minimum of 16 hours a day. Staffing must be sufficient to ensure that monitoring is completed based on medical and clinical need. Appropriately licensed and credentialed staff is available to administer medications in accordance with physician orders.

When serving adolescents in Medically Managed Intensive Inpatient Services, the interdisciplinary team shall have medical or clinical experience working with adolescents diagnosed with a substance use disorder.

Support systems must include availability of specialized medical consultation, full medical acute care services, and intensive care, as needed. These services are designed to treat the individual's level of clinical severity and to achieve safe and comfortable withdrawal from alcohol and other substances to effectively facilitate the individual's transition into ongoing treatment and recovery. Persons who meet the requirements specified for Certified Clinical Supervisor (CCS), Licensed Clinical Addictions Specialty (LCAS), and Certified Substance Abuse Counselor (CSAC) or Certified Alcohol and Drug Counselor (CADC) under Article 5C may deliver a planned regimen of 24-hour evaluation, care and treatment services for patients engaged in Medically Managed Intensive Inpatient Services. The planned regimen of 24-hour clinical evaluation and treatment services must be under the supervision of a CCS or LCAS who is available by phone 24 hours a day. A CCS, LCAS, CSAC or CADC must be available 16 hours a day to administer planned interventions according to the assessed needs of the individual.

The planned regimen of 24-hour evaluation, care and treatment services for patients engaged in Medically Managed Intensive Inpatient Services may also be provided by staff who meet the requirements specified for Qualified Professional (QP) or Associate Professional (AP) status in Substance Abuse according to 10A NCAC 27G.0104, under the supervision of a LCAS or CCS.

When working with adolescents in Medically Managed Intensive Inpatient Services, the interdisciplinary team shall offer daily clinical services to assess the adolescent's withdrawal status and provide treatment as needed. Clinical services involve medical management and individual or group therapy specific to withdrawal and withdrawal support. Frequent nurse monitoring of the adolescent's progress in withdrawal management is available, and medication administration is available as needed.

Paraprofessional level providers who meet the requirements for Paraprofessional status according to 10A NCAC 27G.0104 and who have the knowledge, skills and abilities required by the population and age to be served may deliver the planned regimen of 24-hour evaluation, care and treatment services for patients engaged in Medically Managed Intensive Inpatient Services, under the supervision of a LCAS or CCS.

All staff providing Medically Managed Intensive Inpatient Services to adolescents shall have direct experience working with adolescents diagnosed with a substance use disorder and shall receive continuing education and training specific to this population annually.

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

Note: Per 25 USC 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. Service Type or Setting

Services provided in a licensed 24-hour inpatient setting. This service may be provided in a licensed community hospital or a facility licensed under 10A NCAC 27G .6000, unless provided by an IHS or compact operated by a Federally Recognized Tribe as allowed in 25 USC 1621t and 1647a.

E. Utilization Management

Authorization by the LME/MCO or designated contractor is required.

F. Entrance Criteria

Individuals shall meet all the criteria below to be approved for admission:

1. The individual shall meet criteria for a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), or any subsequent editions of this reference material, substance use disorder diagnosis, and
2. The individual shall meet the criteria for ASAM level 4- Medically Managed Intensive Inpatient Services.

G. Continued Stay Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the individual's treatment plan or the individual continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

a. The individual has achieved initial treatment plan goals and these services are needed to meet additional goals, or
b. The individual is making satisfactory progress toward meeting goals, or
c. The individual is making some progress, but the treatment plan (specific interventions) needs to be modified so that greater gains, which are consistent with the individual's premorbid level of functioning, are possible or can be achieved, or

d. The individual is not making progress or regressing; the treatment plan must be modified to identify more effective interventions.

The provider shall conduct utilization review every 10 calendar days and document it in the treatment plan and the service record.

H. Transfer and Discharge Criteria

The individual meets the criteria for transition and discharge if any one of the following applies:

a. The individual has achieved goals articulated in the treatment plan, thus resolving the symptom(s) that justified admission to the present level of care; and continuing the chronic disease management of the individual's condition at a less intensive level of care is indicated; or
b. The individual has been unable to resolve the symptom(s) that justified admission to the present level of care, or symptom(s) have intensified despite amendments to the treatment plan, and an updated CCA or DA indicates transfer to a different level is needed; or
c. The individual has demonstrated a lack of progress due to diagnostic or co-occurring conditions that limit the ability to alleviate the individual's symptoms(s), and an updated assessment indicates transfer to a different level of care is needed; or
d. The individual or legally responsible person no longer wishes to receive Inpatient Behavioral Health Services.

I. Expected Outcomes

The expected outcome of this service is the establishment of abstinence sufficient to enable a transfer to a less restrictive level of care, and development and implementation of a care coordination focused plan to ensure transition to the next clinically appropriate level of care.

J. Documentation Requirements

Minimum standard is a shift service note that includes the individual's full name, birth date, date of service, coverage hours for the shift, purpose of contact, describes the provider's interventions, the time spent performing the intervention, the effectiveness of interventions and the signature and credentials of the staff providing the service. In addition, detoxification rating scale tables and flow sheets (including tabulation of vital signs) are used as needed. The provider shall discuss the discharge plan with the individual and document the plan in the health record.

K. Service Exclusions or Limitations

The non-duplicative components, for example case management, of the following services can be provided to individuals being admitted to or discharged from Medically Managed Intensive Inpatient Service for adolescents and adults:

1. Intensive In-Home Services
2. Multisystemic therapy
3. Community Support Team
4. Assertive Community Treatment
5. Substance Abuse Intensive Outpatient
6. Substance Abuse Comprehensive Outpatient
7. Child and Adolescent Day Treatment

Supports provided should be delivered in coordination with the Inpatient Substance Abuse Hospital provider and be documented in the treatment plan. Discharge planning shall begin upon admission to the service.

Attachment D: Inpatient Hospital Psychiatric Treatment (MH) Billable Service

A. Service Definition and Required Components

Inpatient Hospital Psychiatric Service is an organized service that provides intensive evaluation and treatment delivered in an acute care inpatient setting by medical and nursing professionals under the supervision of a psychiatrist. This service is designed to provide continuous treatment for individuals with acute psychiatric problems.

A service order for Inpatient Hospital Psychiatric Service must be completed by a physician, licensed psychologist, physician assistant or nurse practitioner according to their scope of practice before or on the day that the services are to be provided.

B. Provider Requirements

Inpatient Hospital Psychiatric Services must be delivered in a licensed 24-hour inpatient setting or in State operated facilities. This service may be provided at a psychiatric hospital or on an inpatient unit within a licensed hospital or in State Operated Healthcare Facility. A psychiatric hospital or an inpatient program in a hospital must be accredited in accordance with 42 CFR 441.151(a)(2), unless provided by an IHS or compact operated by a Federally Recognized Tribe as allowed in 25 USC 1621t and 1647a, or provided by a State or Federally operated facility as allowed by §122C-22.(a)(3).

C. Staffing Requirements

Inpatient Hospital Psychiatric Services are staffed by non-psychiatric physicians and psychiatrists, who are available 24 hours a day by telephone and who conduct assessments within 24 hours of admission. A registered nurse is available to conduct a nursing assessment on admission and oversee the monitoring of a patient's progress and medication administration on an ongoing basis. Appropriately licensed and credentialed staff are available to administer medications in accordance with physician orders. The planned regimen of 24-hour evaluation, care and treatment services must be under the clinical supervision of a psychiatrist who is available by phone 24 hours a day.

Note: Per 25 USC 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. Service Type or Setting

The service is provided in a licensed 24-hour inpatient setting. This service may be provided at a psychiatric hospital or on an inpatient psychiatric unit within a licensed hospital licensed as inpatient psychiatric hospital beds or in State operated facilities. A psychiatric hospital or an inpatient program in a hospital shall be accredited in accordance with 42 CFR 441.151(a)(2), unless provided by an IHS or compact operated by a Federally Recognized Tribe as allowed in 25 USC 1621t and 1647a, or provided by a State or Federally operated facility as allowed by §122C-22.(a)(3).

E. Program Requirements

This service focuses on reducing acute psychiatric symptoms through in-person, structured group and individual treatment. This service is designed to offer physical health psychiatric and therapeutic interventions including such treatment modalities as medication management, psychotherapy, group therapy, dual diagnosis treatment for comorbid psychiatric and substance use disorders and milieu treatment; medical care and treatment as needed; and supportive services including room and board. A determination of the appropriate services is made by the care provider under the direction of the attending physician. These services are reimbursed at a per diem rate based on occupancy on the inpatient unit during the midnight bed count. Physician and other professional time not included in the daily rate is billed separately.
Educational services are not billable to state funds but must be provided according to state and federal educational requirements.

F. Utilization Management

Authorization by the LME/MCO or UM contractor is required.

G. Certification of Need Process

A CON process is necessary for individuals less than 21 years of age.

The CON process must be performed by an independent team that includes a physician who has competence in diagnosis and treatment of mental illness, preferably in child psychiatry; and has knowledge of the individual's situation.

H. Entrance Criteria for Inpatient Psychiatric Hospital Treatment Admission for an Individual less than 18 years of age

State-funded criteria for the admission of an individual less than 18 years of age to psychiatric hospitals or psychiatric units of general hospitals are limited herein. Individuals shall meet all the criteria below to be approved for admission:

A. The individual shall meet criteria for a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), or any subsequent editions of this reference material, diagnosis, and at least one of the following:

1. The individual is presently a danger to self (can include- engages in self-injurious behavior, a severe potential for self-injurious behavior, or is acutely manic). This usually would be indicated by one of the following:
    a. The individual has made a suicide attempt or serious gesture (can include- overdose, hanging, jumping from or placing self in front of moving vehicle, self-inflicted gunshot wound), or is threatening same with likelihood of acting on the threat, and there is an absence of supervision or structure to prevent suicide of the individual who has made an attempt, serious gesture or threat; or
    b. The individual manifests a severe depression, including current contemplation of suicide or suicidal ideation, and there is an absence of supervision or structure to prevent suicide; or
    c. The individual has a history of affective disorder:
        i. With mood which has fluctuated to the manic phase, or
        ii. Has destabilized due to stressors or non-compliance with treatment; or
        iii. The individual is exhibiting self-injurious behavior (can include- cutting on self, burning self) or is threatening same with likelihood of acting on the threat.
    d. The individual engages in actively violent, aggressive, or disruptive

behavior or individual exhibits homicidal ideation or other symptoms which indicate the individual is a probable danger to others. This usually would be indicated by one of the following:

i. An individual whose evaluation and treatment cannot be carried out safely or effectively in other settings due to impulsivity, impaired judgement, severe oppositional behavior, running away, severely disruptive behaviors at home or school, self-defeating and self- endangering activities, antisocial activity, and other behaviors which may occur in the context of a dysfunctional family and may also include physical, psychological, or sexual abuse; or

ii. An individual exhibits serious aggressive, assaultive, or sadistic behavior that is harmful to others (can include- assaults with or without weapons, provocations of fights, gross aggressive over-reactivity to minor irritants, harming animals or is threatening same with likelihood of acting on the threat). This behavior should be attributable to the individual's specific DSM-5, or any subsequent editions of this reference material, diagnosis and can be treated only in a hospital setting.

e. Acute onset of psychosis or severe thought disorganization or clinical deterioration in condition of chronic psychosis rendering the individual unmanageable and unable to cooperate in treatment. This usually would be indicated by the following: the individual has recent onset or aggravated psychotic symptoms (can include- disorganized or illogical thinking, hallucinations, bizarre behavior, paranoia, delusions, incongruous speed, severely impaired judgment) and is resisting treatment or is in need of assessment in a safe and therapeutic setting; or

f. Presence of medication needs, or a medical process or condition, which is life threatening (can include- toxic drug level) or which requires the acute care setting for its treatment. This usually would be indicated by one of the following:

i. Proposed treatments require close medical observation and monitoring to include, but not limited to, close monitoring for adverse medication effects, capacity for rapid response to adverse effects, and use of medications in clients with concomitant serious medical problems

ii. The individual has a severe eating disorder, which requires 24-hour- a-day medical observation, supervision, and intervention.

g. Need for medication therapy or complex diagnostic evaluation where the individual's level of functioning precludes cooperation with the treatment regimen, including forced administration of medication. This usually would be indicated by one of the following:

i. The individual's whose diagnosis and clinical picture is unclear and who requires 24-hour clinical observation and assessment by a multi-disciplinary hospital psychiatric team to establish the diagnosis and treatment recommendations.

ii. The individual's is involved in the legal system (can include- in a detention or training school facility) and manifests psychiatric symptoms (can include- psychosis, depression, suicide attempts or gestures) and requires a comprehensive assessment in a hospital setting to clarify the diagnosis and treatment needs;

h. Symptoms are not due solely to intellectual disability; and

i. A provider team shall certify that the individual meets each of the certification of need requirements listed at 42 CFR 411. 152.

I. Entrance Criteria for Individuals with Non-Substance Use Disorders Ages 18 years of age and older

The following is entrance criteria for psychiatric treatment of adult non-substance use disorders and all other conditions:

Any DSM-5, or any subsequent editions of this reference material, diagnosis and one of the following:

a. Impaired reality testing (e.g., delusions, hallucinations), disordered behavior or other acute disabling symptoms not manageable by alternative treatment
b. Potential danger to self or others and not manageable by alternative treatment
c. Concomitant severe medical illness or substance use disorder necessitating inpatient treatment
d. Severely impaired social, familial, occupational or developmental functioning that cannot be effectively evaluated or treated by alternative treatment
e. Failure of or inability to benefit from alternative treatment, in the presence of severe disabling psychiatric illness
f. Need for skilled observation, special diagnostic or therapeutic procedures or therapeutic milieu necessitating inpatient treatment
g. Symptoms are not due solely to intellectual disability

J. Continued Stay Criteria for Inpatient Psychiatric Hospital Admission for an Individual less than 18 years of age

After an initial admission period of up to 72 hours, the individual shall meet each of the conditions:

A. A current DSM-5, or any subsequent editions of this reference material, diagnosis and current symptoms or behaviors which are characterized by all of the following:
   1. Symptoms or behaviors are likely to respond positively to acute inpatient treatment; and
   2. Symptoms or behaviors are not characteristic of patient's baseline functioning; and
   3. Presenting problems are an active exacerbation of dysfunctional behavior patterns, which are recurring and resistive to change; and

B. The individual is not making progress or regressing, and the treatment plan must be modified to identify more effective interventions; or

C. The individual is making some progress and further treatment gains could be achieved, and the treatment plan must be modified to identify more effective interventions; and

D. The symptoms of the individual are characterized by at least one of the following:
   1. Endangerment of self or others; or
   2. Behaviors which are grossly bizarre, disruptive, and provocative (can include- feces smearing, disrobing, pulling out hair); or
   3. Related to repetitive behavior disorders which present at least five times in a 24-hour period; or
   4. Directly result in an inability to maintain age-appropriate roles; and

E. The symptoms of the individual are characterized by a degree of intensity sufficient to Require continual medical or nursing response, management, and monitoring, and

F. The services provided in the facility can reasonably be expected to improve the individual's condition or prevent further regression so that treatment can be continued on a less intensive level of care, and proper treatment of the individual's psychiatric condition required services on an inpatient basis under the direction of a physician.

K. Continued Stay Criteria for Individuals with Non-Substance Use Disorders Ages 18 years and older

The criteria for continued stay in an acute inpatient psychiatric facility are summarized below:

The desired outcome or level of functioning has not been restored, improved or sustained over the time frame outlined in the treatment plan and the individual continues to be at risk of harming self or others as evidenced by direct threats or clear and reasonable inference of serious harm to self-violent, unpredictable or uncontrollable behavior which represents potential for serious harm to the person or property of others; demonstrating inability to adequately care for own physical needs; or requires treatment which is not available or is unsafe on an outpatient basis. The individual's condition must require psychiatric and nursing interventions on a 24-hour basis.

L. Transfer and Discharge Criteria

The individual meets the criteria for transition and discharge if any one of the following applies:

a. The individual has achieved goals articulated in the treatment plan, thus resolving the symptom(s) that justified admission to the present level of care; and continuing the chronic disease management of the individual's condition at a less intensive level of care is indicated; or
b. The individual has been unable to resolve the symptom(s) that justified admission to the present level of care, or symptom(s) have intensified despite amendments to the treatment plan, and an updated CCA or DA indicates transfer to a different level is needed; or
c. The individual has demonstrated a lack of progress due to diagnostic or co-occurring conditions that limit the ability to alleviate the individual's symptoms(s), and an updated assessment indicates transfer to a different level of care is needed; or
d. The individual or legally responsible person no longer wishes to receive Inpatient Behavioral Health Services.

M. Expected Outcomes

The individual shall attain a level of functioning including stabilization of psychiatric symptoms and establishment of abstinence sufficient to allow for subsequent substance use disorder or mental health treatment in a less restrictive setting.

N. Documentation Requirements

Minimum standard is a shift note that includes the individual's full name, birth date, date of service, coverage hours for the shift purpose of contact, describes the provider's interventions, the time spent performing the intervention, the effectiveness of interventions and the signature of the staff providing the service.

O. Service Exclusions/Limitations

The non-duplicative components, for example case management, of the following services can be provided to individuals being admitted to or discharged from Inpatient Hospital Psychiatric Treatment for adolescents and adults:

a. Intensive In-Home Services
b. Multisystemic therapy
c. Community Support Team
d. Assertive Community Treatment

e. Substance Abuse Intensive Outpatient

f. Substance Abuse Comprehensive Outpatient

g. Child and Adolescent Day Treatment

Services must be delivered in coordination with the Inpatient Hospital Psychiatric provider and be documented in the treatment plan. Discharge Planning shall begin upon admission to this service.