NORTH CAROLINA MEDICAID – AMENDED CLINICAL COVERAGE POLICY 8-A & 8-C DRAFT POLICY

Howard Anthony, LCAS

NC DHHS, Division of Health Benefits, Medicaid

Starleen Scott Robbins, LCSW

NC DHHS, Division of Mental Health, Developmental Disabilities & Substance Abuse Services

Initiative by the Centers for Medicare & Medicaid Services (CMS) to combat the opioid crisis. And, part of the NC 1115 SUD Waiver.

Requirements Include:

- Full continuum of care
- Quality measurement
- Coordination across systems and levels of care
- Benefit management strategy
- Expanding SUD benefits to offer the complete American Society of Addiction Medicine (ASAM) continuum of SUD services.

CMS 1115 SUD Demonstration Waiver – Continued.

- Obtaining a waiver of the Medicaid institution for mental diseases (IMD) exclusion for SUD services;
- Ensuring that providers and services meet evidence-based program and licensure standards;
- Building SUD provider capacity;
- Strengthening care coordination and care management for individual with SUDs; and
- Amending/Creating 14 clinical coverage policies.

Clinical Coverage Policies 8-A and 8C Amendments.

- Updating and making technical changes to existing policies.
- Adding ASAM criteria wording & ensuring ASAM level of care is included in assessments.
- Aligning the elements of the diagnostic assessment (CCP 8-A) & comprehensive clinical assessment (CCP 8-C).
- Diagnostic assessment policy updated and made a stand alone policy.
- ASAM training for licensed professionals responsible for conducting SUD assessments.

NC Medicaid & Division of MH/DD/SAS partnering to provide future ASAM training statewide.

Estimated number of Physicians/Extenders & Non-Physician Licensed Professionals requiring training is 5000.

Tailored training

- LME/MCOs (Utilization Management, Provider Network, etc.)
- Division of Health Services Regulation (DHSR)
- Medical staff (MDs, NPs, PAs)
- Non-Medical Licensed Professionals (LCASs, LCSWs, LPCs, LMFTs, etc.)

Types of Training to be Offered

- eLearning Modules
- Two-Day ASAM Criteria Skill-Building Training
- Three-Day ASAM Criteria Implementation Leader Training

Announcements will be made when plans for training have been finalized.

Clinical Coverage Policy 8-A, Diagnostic Assessment Section 1.0 (Description)

A diagnostic assessment is an intensive clinical and functional face-to-face evaluation of a beneficiary's mental health, intellectual and developmental disability, or substance use condition. This assessment results in the issuance of a written report that provides the clinical basis for the development of the beneficiary's treatment or service plan.

Clinical Coverage Policy 8-A, Diagnostic Assessment Section 1.0 (Elements)

- Description of the presenting problems, including source of distress, precipitating events, and associated problems or symptoms;
- Chronological general health and behavioral health history of the beneficiary's symptoms, treatment and treatment response;
- Current medications;
- A review of biological, psychological, familial, social, developmental and environmental dimensions to identify strengths, needs, and risks in each area;

Diagnostic Assessment Elements (continued)

- Evidence of beneficiary and legally responsible person's participation in the assessment;
- Analysis & interpretation of the assessment information with determination of ASAM level of care;
- Diagnosis using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5);
- Recommendations for additional assessments, services, supports or treatment; and
- Diagnostic assessment must be signed by the licensed professionals completing the assessment.

Clinical Coverage Policy 8-A, Diagnostic Assessment Section 2.0 (Eligibility)

- Beneficiary shall be enrolled in either NC Medicaid or NC Health Choice (NCHC)
- Providers shall verify each Medicaid or NCHC beneficiary's eligibility each time service is rendered
- Beneficiary may have service restrictions due to their eligibility category making them ineligible for service
- Participation in NCHC Program: Children must be between the ages of 6 through 18

Diagnostic Assessment Section 3.1 (General Criteria)

Medicaid and NCHC shall cover the procedure, product, or service related to this policy when medically necessary, and:

- procedure, product, service is individualized, specific, consistent with symptoms, confirmed diagnosis of the illness or injury under treatment, not in excess of the beneficiary's needs;
- procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and

Section 3.1 (General Criteria– Continued)

- procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

Diagnostic Assessment Section 5.1 (Prior Approval)

- This service does not require prior approval for the first event in a fiscal year.
- Additional events, in the same fiscal year, require prior authorization and utilization management from the designated contractor.
- A diagnostic assessment equals one event.

Diagnostic Assessment Section 6.1 (Provider Qualifications)

- Diagnostic assessment team must include at least two Qualified Professionals (QPs).
- Beneficiaries with MH or SU diagnoses: both professionals must be licensed. One member must be an MD, DO, nurse practitioner, physician assistant, licensed psychologist. For substance use-focused diagnostic assessment, team must include an LCAS.

Diagnostic Assessment Section 6.1 (Provider Qualifications - continued)

- Beneficiaries with intellectual or developmental disabilities, one team member must be an MD, DO, nurse practitioner, physician assistant, or licensed psychologist and one team member must be a Master's level QP with at least two years of experience with individuals with intellectual and developmental disabilities.

Diagnostic Assessment Section 7.2 (Expected Outcomes)

- Determines whether the beneficiary meets medical necessity and can benefit from services.
- Evaluates beneficiary's level of readiness and motivation to engage in treatment.
- Recommendations for services, supports, treatment, or additional assessments.
- For beneficiary's with SUD diagnosis: recommends the ASAM level of care determination.

Clinical Coverage Policy 8-C, Amendments Section 1.0 (Description)

Outpatient behavioral health services are psychiatric and biopsychosocial assessment, medication management, individual, group, and family therapies, psychotherapy for crisis, and psychological testing for eligible beneficiaries. Outpatient services for Substance Use Disorders are identified and based on the American Society of Addiction Medicine (ASAM) criteria.

Clinical Coverage Policy 8-C, Amendments Section 3.2.1.1 (Entrance Criteria)

All of the following criteria are necessary for admission of a beneficiary to outpatient treatment services:

- A Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition [(DSM-5) or any subsequent editions of this reference material] diagnosis;
- The beneficiary meets ASAM level 1 criteria;
- The beneficiary presents behavioral, psychological, or biological dysfunction and functional impairment, which are consistent and associated with the DSM-5 diagnosis;

Clinical Coverage Policy 8-C, Amendments Section 3.2.1.1 (Entrance Criteria continued)

- If a higher level of care is indicated but unavailable or the individual is refusing the service, outpatient services may be provided until the appropriate level of care is available or to support the individual to participate in that higher level of care;
- The beneficiary is capable of developing skills to manage symptoms, make behavioral changes, and respond favorably to therapeutic interventions; and

Clinical Coverage Policy 8-C, Amendments Section 3.2.1.1 (Entrance Criteria continued)

- There is no evidence to support that alternative interventions would be more effective, based on North Carolina community practice standards.

Clinical Coverage Policy 8-C, Amendments Section 5.3 (Limitations)

- Medicaid and NCHC shall not allow the same services provided by the same or different attending provider on the same day for the same beneficiary.
- Only one psychiatric CPT code from this policy is allowed per beneficiary per day of service from the same attending provider. This includes medication management services.
- Only two psychiatric CPT codes from this policy are allowed per beneficiary per date of service. These codes must be provided by two different attending providers.

Clinical Coverage Policy 8-C, Amendments Section 5.3 (limitations)

- Family therapy must be billed once per date of service for the identified family member only. No separate billing for participating member(s) of the therapy session, other than the identified family member, is permissible.
- If Psychotherapy for Crisis is billed, no other outpatient services may be billed on that same day for that beneficiary.
- Only two add-on Crisis codes can be added to Psychotherapy for Crisis per event.

Clinical Coverage Policy 8-C, Amendments Section 5.3 (limitations continued)

- A provider shall provide no more than two Psychotherapy for Crisis services per beneficiary, per state fiscal year.
- A Psychiatric Diagnostic Interview is not allowed on the same day as Psychological Testing when provided by the same provider. (See **Subsection 7.5** for additional information on Psychological Testing)
- There is a limit of eight units (hours) of Psychological Testing allowed per date of service.

Clinical Coverage Policy 8-C, Amendments Section 5.3 (limitations continued)

- For substance use disorders, ASAM Level 1 outpatient services are usually provided for fewer than nine hours a week for adults and fewer than six hours a week for adolescents.

Clinical Coverage Policy 8-C, Amendments Section 7.3.3.2 (CCA Format elements) Amendment to element

- Analysis and interpretation of the assessment information with an appropriate case formulation, including a determination of ASAM level of care when a substance use disorder is present.

Stakeholder Feedback, Comments & Questions are welcomed and must be submitted by email to Howard Anthony, NC Medicaid no later then June 29, 2020 at 5:00pm.

Please submit to howard.anthony@dhhs.nc.gov

Thank you for your participation!