

Division of Medical Assistance
NC Mental Health and Substance Use Service Array Survey

Table 1

Service Name	Service Population/Eligibility	Funding Source	Penetration	Setting	Oversight Agency	Authority/Rule	Funding and Capacity	Entrance/Exit
<ul style="list-style-type: none"> Include any subcategories of service on a separate line In Table 2, please add service description and key terms 	Age group, source, justice involvement, etc. What makes you eligible?	List the fund source	% = receiving / needed + eligible	Community (home, office, school), facility/type, correctional setting (jail, YOC, detention, prison)	State Division/Department	Cite the applicable statute or rule	Entitled, limited to available funding *add annual expenditure for each	<ul style="list-style-type: none"> How do you get into service (medical necessity, referred by courts, self-ref., sentenced, LME-MCO) How are you discharged (medical. nec., goals met, complete sentence, time-limit, complete course)
Assertive Community Treatment Team	Adult MHSa Medicaid eligible population.	Medicaid	Unavailable	Community	DMA	State Plan	Title XIX entitlement	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care
Mobile Crisis Management	Adult MHSa Medicaid eligible population.	Medicaid	Unavailable	Community	DMA	State Plan	Title XIX entitlement	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care
Diagnostic Assessment	Adult and Child MHSa Medicaid and Health Choice eligible population.	Medicaid and Health Choice	Unavailable	Community	DMA	State Plan	Title XIX entitlement	Entrance: Referral from one of multiple sources Exit: when assessment is complete with referral to other services as appropriate
Intensive In Home Services	Child MHSa Medicaid and Health Choice eligible population.	Medicaid and Health Choice	Unavailable	Community	DMA	State Plan	Title XIX entitlement; Title XXI to available funding	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care
Multisystemic Therapy	Child MHSa Medicaid and Health Choice eligible population.	Medicaid and Health Choice	Unavailable	Community	DMA	State Plan	Title XIX entitlement; Title XXI to available funding	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care

Division of Medical Assistance
NC Mental Health and Substance Use Service Array Survey

Community Support Team	Adult MHSА Medicaid eligible population.	Medicaid	Unavailable	Community	DMA	State Plan	Title XIX entitlement	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care
Psychosocial Rehabilitation	Adult MHSА Medicaid eligible population.	Medicaid	Unavailable	PSR Facility	DMA	State Plan	Title XIX entitlement	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care
Child and Adolescent Day Treatment	Child MHSА Medicaid and Health Choice eligible population.	Medicaid and Health Choice	Unavailable	Day Treatment Facility	DMA	State Plan	Title XIX entitlement; Title XXI to available funding	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care
Partial Hospitalization	Adult MHSА Medicaid eligible population.	Medicaid	Unavailable	Community	DMA	State Plan	Title XIX entitlement	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care
Facility Based Crisis	Adult MHSА Medicaid eligible population.	Medicaid	Unavailable	Crisis Facility	DMA	State Plan	Title XIX entitlement	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care
Substance Abuse Intensive Outpatient Treatment	Adult MHSА Medicaid eligible population.	Medicaid	Unavailable	Community	DMA	State Plan	Title XIX entitlement	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care
Substance Abuse Comprehensive Outpatient Treatment	Adult MHSА Medicaid eligible population.	Medicaid	Unavailable	Community	DMA	State Plan	Title XIX entitlement	Entrance: Medical necessity determined by utilization review staff

Division of Medical Assistance
NC Mental Health and Substance Use Service Array Survey

								Exit: Discharged due to goals being met or need for higher or lower level of care
Ambulatory Detoxification	Adult MHSА Medicaid eligible population.	Medicaid	Unavailable	Community	DMA	State Plan	Title XIX entitlement	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care
Outpatient Opioid Treatment	Adult MHSА Medicaid eligible population.	Medicaid	Unavailable	Community	DMA	State Plan	Title XIX entitlement	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care
Inpatient Treatment	Adult and Child MHSА Medicaid and Health Choice eligible population.	Medicaid and Health Choice	Unavailable	Hospital	DMA	State Plan	Title XIX entitlement; Title XXI to available funding	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care
Outpatient Treatment	Adult and Child MHSА Medicaid and Health Choice eligible population.	Medicaid and Health Choice	Unavailable	Community	DMA	State Plan	Title XIX entitlement; Title XXI to available funding	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care
Psychiatric Residential Treatment	Child MHSА Medicaid and Health Choice eligible population.	Medicaid and Health Choice	Unavailable	Residential Facility	DMA	State Plan	Title XIX entitlement; Title XXI to available funding	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care
Group Home Level III and IV	Child MHSА Medicaid and Health Choice eligible population.	Medicaid and Health Choice	Unavailable	Group Home Facility	DMA	State Plan	Title XIX entitlement; Title XXI to available funding	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care

Division of Medical Assistance

NC Mental Health and Substance Use Service Array Survey

Therapeutic Foster Care	Child MESA Medicaid and Health Choice eligible population.	Medicaid and Health Choice	Unavailable	Community	DMA	State Plan	Title XIX entitlement; Title XXI to available funding	Entrance: Medical necessity determined by utilization review staff Exit: Discharged due to goals being met or need for higher or lower level of care
-------------------------	--	----------------------------	-------------	-----------	-----	------------	--	---

DRAFT

Division of Medical Assistance
NC Mental Health and Substance Use Service Array Survey

Service Name	Service Population/Eligibility	Funding	Penetration	Setting	Oversight Agency	Authority/Rule	Funding Source and Capacity	Entrance/Exit
<ul style="list-style-type: none"> Include any subcategories of service on a separate line In Table 2, please add service description and key terms 	Age group, source, justice involvement, etc. What makes you eligible?	List the fund source	% = receiving / needed + eligible	Community (home, office, school), facility/type, correctional setting (jail, YOC, detention, prison)	State Division/Department	Cite the applicable statute or rule	Entitled, limited to available funding *add annual expenditure for each	<ul style="list-style-type: none"> How do you get into service (medical necessity, referred by courts, self-ref., sentenced, LME-MCO) How are you discharged (medical. nec., goals met, complete sentence, time-limit, complete course)
MH/SA Screenings in Pediatric/Family Physician office	Child Medicaid eligible	Medicaid and Health Choice	Unavailable	Physician's Office	DMA	State Plan—Medical Home, EPSDT	Title XIX entitlement	<p>Entrance: Assigned to Medical Home and within age requirements</p> <p>Exit: Patient is age 21 and above. Even when patient is referred for MH/SA services, the medical home is co-managing that care.</p>
Adults: Depression, Anxiety, Substance Use screening	Adult Medicaid eligibles	Medicaid	Unavailable	Primary Care Office	DMA	State Plan—Medical Home	Title XIX entitlement	<p>Entrance: Assigned to Medical Home and</p> <p>Exit: Even when patient is referred for MH/SA services, the medical home is co-managing that care.</p>
MH/SA and Domestic Violence Screenings in OB Practices	Child & Adult Medicaid eligibles	Medicaid	Unavailable	OBGYN/OB Office	DMA	State Plan-Pregnancy Medical Home	Title XIX entitlement	<p>Entrance: Receives services from Pregnancy Medical Homes</p> <p>Exit: Even when patient is referred for MH/SA services, the medical home is co-managing that care.</p>
Tobacco Cessation Screening & Treatment in OB Practices	Child & Adult Medicaid eligibles	Medicaid	Unavailable	OBGYN/OB Office	DMA	State Plan-Pregnancy Medical Home	Title XIX entitlement	<p>Entrance: Receives services from Pregnancy Medical Homes</p> <p>Exit: Even when patient is referred for MH/SA services, the medical home is co-managing that care.</p>
Medication Safety Registry Provider Participation (Anti-psychotics & controlled substances)	Child & Adult Medicaid eligibles	Medicaid and Health Choice	Unavailable	Physician's Office	DMA	State Plan—Medical Home, EPSDT	Title XIX entitlement	Entrance: All Medicaid beneficiaries prescribed targeted medications

Division of Medical Assistance
NC Mental Health and Substance Use Service Array Survey

Exit: Patient is no longer prescribed targeted medication

Table 2

Service (and 2-3 sentence description)	Outpatient Treatment	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. Services focus on reducing psychiatric and behavioral symptoms in order to improve the individual's functioning in familial, social, educational, or occupational life domains.
	Assertive Community Treatment Program (ACT)	Most clinically intensive community based AMH service, interdisciplinary team with skills and training to work with the most clinically complex individuals (typically diagnosed with schizophrenia, schizoaffective disorder, Bipolar I or Major Depressive Disorder, Severe, with Psychotic Features). Individuals have not had needs met at a lower level of care, or a history of hospitalizations that demonstrate the need for a high level of wrap-around of care.
	Community Support Team (CST)	A team based service, usually time limited, individuals have not had their clinical needs met at lower levels of care and would benefit from more intensive, community based services
	Intensive In-Home Services	Team approach to enable youth with serious and chronic symptoms to live safely in the community. The three person team uses the following interventions as needed: individual and family therapy, substance use disorder treatment interventions, development and implementation of a home-based behavioral support plan, psychoeducation, intensive case management, and crisis management.
	Day Treatment	Structured treatment service for youth who due to their mental health or substance use disorder are unable to benefit from participation in a traditional school or work setting. Interventions include development of social and relational skills, identification and self-management of symptoms and behaviors, monitoring of psychiatric symptoms, psycho-education/training of family, individual, group, and family counseling, and case management to support the re-integration of the youth into educational or vocational settings.
	Partial Hospitalization	PH is a short-term service for acutely mentally ill children or adults, which provides a broad range of intensive therapeutic approaches such as group activities or therapy, individual therapy, recreational therapy, community living skills or training, increases the individual's ability to relate to others and to function appropriately, coping skills, medical services. This service is designed to prevent hospitalization or to serve as an interim step for those leaving an inpatient facility.
	Multi-Systemic Therapy (MST)	Team based approach to allow youth with antisocial, aggressive and serious emotional disturbance or substance use disorder to live safely in the community. Service promotes the family's capacity to monitor and manage the beneficiary's behavior and provides structured therapeutic interventions in the areas of communication, problem- solving and behavior management across all settings and systems of the youth's life.

Division of Medical Assistance

NC Mental Health and Substance Use Service Array Survey

	Opioid Treatment	Outpatient Opioid Treatment is a service designed to offer the individual an opportunity to effect constructive changes in his lifestyle by using methadone or other drug approved by the Food and Drug Administration (FDA) for the treatment of opiate use disorder in conjunction with the provision of rehabilitation and medical services.
	Psychosocial Rehabilitation Services	PSR is designed to help adults with psychiatric disabilities increase their functioning so that they can be successful and satisfied in the environments of their choice with the least amount of ongoing professional intervention. PSR focuses on skill and resource development related to life in the community and to increasing the participant's ability to live as independently as possible.
	Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)	Substance Abuse Comprehensive Outpatient Treatment (SACOT) program means a periodic service that is a time-limited, multi-faceted approach treatment service for adults who require structure and support to achieve and sustain recovery. This service must operate at least 20 hours per week and the individual participates in at least 4 hours of service per day. The following types of services are included in the SACOT Program: individual counseling and support; group counseling and support; family counseling, training or support; bio-chemical assays to identify recent drug use (e.g., urine drug screens); strategies for relapse prevention to include community and social support systems in treatment; life skills; crisis contingency planning; and disease management.
	Substance Abuse Intensive Outpatient Program (SAIOP)	Substance Abuse Intensive Outpatient Program (SAIOP) means structured individual and group addiction activities and services that are provided at an outpatient program designed to assist adults and adolescents to begin recovery and learn skills for recovery maintenance. The program is offered at least 3 hours a day, at least 3 days a week. The individual must participate in services at least 3 hours per day. SAIOP services include a structured program consisting of, but not limited to, the following services: individual counseling and support; group counseling and support; family counseling, training or 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; life skills; crisis contingency planning; and disease management.
	Facility Based Crisis Service	This service provides an alternative to hospitalization for adults who have a mental illness or substance use disorder. This is a 24 hour residential facility that provides support and crisis services in a community setting. The service may be provided in a non-hospital setting for individuals in crisis who need short term intensive evaluation, treatment intervention or behavioral management to stabilize acute or crisis situations.
	Mobile Crisis Management	MCM involves all supports, services and treatment necessary to provide integrated crisis response, crisis stabilization, and crisis prevention activities. Services are available 24/7/365. Crisis response provides an immediate evaluation, triage and access to acute IDD, MH or SUD services, treatment and supports to effect symptom reduction, harm reduction or to safely transition individuals in acute crises to appropriate crises stabilization or detoxification services and supports.

Division of Medical Assistance

NC Mental Health and Substance Use Service Array Survey

	Non-Hospital Medical Detox	Non-Hospital Medical Detoxification is an organized service delivered by medical and nursing professionals, which provides for 24-hour medically supervised evaluation and withdrawal management in a facility affiliated with a hospital or in a freestanding facility. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures and clinical protocols.
	Inpatient	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 beneficiaries with acute psychiatric or substance use problems.
	Intermediate Care Facility for Individuals with Intellectual Disabilities	This service provides active treatment for individuals with intellectual disabilities or related conditions in a protected residential setting with ongoing evaluation, planning, and 24 hour supervision.
	NC Innovations Waiver	This service provides a community alternative to placement in an ICF IID facility. It is limited to 12,488 participants per year. The annual cost of care for an individual cannot exceed \$135,000 per year.
	Assistive Technology, Equipment and Supports	This waiver service provides technology, equipment, and supplies to enable individuals to increase, maintain, or improve their functional capacity. It includes aids for daily living, adaptive tricycles, environmental controls, positioning systems, and alert systems.
	Community Guide	This waiver service provides support in developing social networks and community connections. It also supports individuals who self-direct their waiver services.
	Community Networking	This waiver service provides individualized day activities that support the individual in a meaningful day in an integrated community setting with persons who are not disabled.
	Community Transition	This waiver service provides one time set up expenses for adult participants to facility their transition from a provider owned setting to a non-provider owned setting where the individual is directly responsible for their own living expenses. It includes security deposits, essential furnishings, moving expenses, set up fees or deposits and services such as pest eradication and one time cleaning.
	Crisis Services	This waiver service provides primary crisis response, crisis behavioral consultation, and out of home crisis services to individual who are experiencing a crisis.
	Day Supports	This waiver service provides assistance with acquisition, retention or improvement in self-help, socialization, and adaptive skills. It is primarily a group service, though individual services are available. Services are provided at the day supports facility and the community.
	Financial Support Services	This waiver service provides support to individuals who are self-directing their services under the employer of record model. It includes support such as filing claims, payment of payroll, criminal background and health care registry checks of potential staff, and serving as the IRS approved fiscal employer agent.
	Home Modifications	This waiver service provides physical modification to the individual's private residence to ensure health and safety or to enhance independences. Some modification include ramps, lifts, roll in showers and widening doorways.

Division of Medical Assistance

NC Mental Health and Substance Use Service Array Survey

	Individual Goods and Services	This waiver service provides services, equipment, or supplies that are not available through the waiver or the Medicaid State Plan to address a need identified in the individual's plan. It must decrease the need for other Medicaid services and/or promote inclusion and/or increase the individual's safety in the home environment and the individual must not have the funds to purchase this item/service.
	In Home Skill Building	This waiver service provides habilitation and skill building to enable to participant to acquire and maintain skills which support more independence. This service occurs in the private home of the individual and in the community.
	In Home Intensive	This waiver service provides extensive support and supervision to individuals in their private home when they have intensive medical and behavioral needs. The service is only available when the individual has exhausted the limits on sets of services.
	Natural Supports Education	This waiver service provides training to families and the individual's natural support network to provide education, training on interventions/strategies, and enhance the decision making capacity of the natural support network.
	Personal Care	This waiver service provides support and supervision with eating, bathing, dressing, and other activities of daily living. It may be provided in the individual's private home or in the community.
	Residential Supports	This waiver service provides habilitation and support/supervision in a licensed group home, a licensed alternative family living arrangement or an unlicensed alternative family living arrangement that services one adult.
	Respite	This waiver service provides periodic support and relief to the individual's primary caregiver. It includes in home and out of home options.
	Specialized Consultation	This waiver service provides expertise, training and technical assistance in a specialty area: psychology, behavior intervention, speech therapy, therapeutic recreation, augmentative communication, assistive technology equipment, physical therapy, occupational therapy or nutrition). This services does not duplicate what is available in the Medicaid State Plan.
	Supported Employment	This waiver service provides assistance with choosing, acquiring and maintain a job. This includes initial supported employment and long term follow up.
	Vehicle Modification	This waiver service provides modifications to a vehicle owned by the individual or their family to increase independence or physical safety by enabling their safe transport in and around the community.
	Pregnancy Medical Home (PMH) Prenatal Risk Screening	The PMH standardized risk screening tool is used by all PMH practices to screen pregnant Medicaid beneficiaries at the first prenatal visit. The tool identifies the presence of a diagnosed mental illness, including substance abuse diagnosis, current use of alcohol, drugs and/or tobacco, and current experience of domestic violence, using validated screening questions.
	Pregnancy Medical Home (PMH) Postpartum Depression Screening	PMH providers are required to screen all Medicaid beneficiaries at the comprehensive postpartum visit (4-6 weeks after delivery) for postpartum depression using a validated screening instrument endorsed by the American College of Obstetrics and Gynecology.

Division of Medical Assistance

NC Mental Health and Substance Use Service Array Survey

	Pregnancy Medical Home (PMH) Care Pathway on Perinatal Tobacco Use	PMH providers are expected to use evidence-based approaches to tobacco cessation counseling for pregnant Medicaid beneficiaries who smoke during pregnancy and to bill Medicaid on a fee-for-service basis for tobacco cessation counseling using the appropriate CPT code accordingly. These evidence-based approaches are outlined in the PMH Care Pathway on the Management of Perinatal Tobacco Use
	Pregnancy Medical Home (PMH) Care Pathway on Substance Use in Pregnancy	PMH providers are expected to use the SBIRT model (Screening, Birth Intervention, Referral to Treatment) with pregnant Medicaid beneficiaries who are using drugs or alcohol during pregnancy and to bill Medicaid on a fee-for-service basis for SBIRT counseling using the appropriate CPT code accordingly. These expectations are described in the PMH Care Pathway on the Management of Substance Use in Pregnancy. PMH providers are expected to refer pregnant Medicaid beneficiaries to outpatient opioid treatment and inpatient/outpatient substance abuse treatment, including the 30 maternal-perinatal substance abuse treatment programs and the Alcohol and Drug Abuse Treatment Centers, as appropriate.
	Pediatrics: Maternal Depression Screening	Pediatricians and Family Physicians have been encouraged to routinely screen mothers for post-partum depression at the infant's 2 and 4 month well visit using the Edinburgh Postpartum Depression screening tool. The screen is relevant during the infant's well visit because it is a screen of the infant's environment which impacts their development. Currently, Family Physicians are the only providers who can bill for this screen if the mother is a Medicaid recipient and patient of the practice.
	Pediatrics: Developmental and Behavioral Screening (age 6 months-5 years)	Pediatricians and Family Physicians are required to routinely screen their patients age 6 months to 5 years old for developmental and behavioral concerns during EPSDT visits. Providers have been trained on the appropriate referral pathways if a screen is positive for social/emotional/behavioral concerns.
	Pediatrics: Developmental and Behavioral Screening (age 6-20 years)	Pediatricians and Family Physicians are strongly recommended to routinely screen their patients age 6 through 20 years old for social/emotional concerns during EPSDT visits. Providers have been trained to use appropriate coding to indicate a risk assessment was completed and the appropriate referrals are made to mental health providers when indicated.
	Pediatrics: Depression, Anxiety, Substance Use screening	Pediatricians and Family Physicians are strongly recommended to routinely screen adolescents (12-20 years) for depression using a validated tool (PHQ-9 Modified for Adolescents). This is also Meaningful Use measure 0418. If a patient age 6-17 has a diagnosis of Major Depressive Disorder, they should be routinely assessed for suicide risk (MU 1365). Pediatricians and Family Physicians are also strongly recommended to follow-up from the general Developmental & Behavioral screen with a secondary screen if risk is indicated in a certain area (e.g. Anxiety (SCARED tool), Substance Use (CRAFFT tool), etc).
	Adults: Depression, Anxiety, Substance Use screening	Primary Care Practices are strongly recommended to routinely screen adults (21 years and older) for depression using a validated tool (PHQ-9 tool). This is also Meaningful Use measure 0418. If a patient has a diagnosis of Major Depressive Disorder, they should be routinely assessed for suicide risk (encourage use of the SAFE-T suicide assessment tool). Primary Care Practices are also strongly recommended to screen for substance abuse and anxiety disorders as indicated. (e.g. Anxiety (GAD-7), Substance Use (AUDIT, DAST, DIRE tools), etc).

Division of Medical Assistance

NC Mental Health and Substance Use Service Array Survey

	A+KIDS Registry Participation-NCTracks	Pediatricians and family physicians(as well as psychiatrists) are encouraged to utilize the Antipsychotics-Keeping it Documented for Safety (A+KIDS) prior authorization program within NCTracks to document the clinical rationale for use and ongoing safety monitoring when antipsychotic use is indicated in the child and adolescent Medicaid population.
	ASAP Registry Participation-NCTracks	Family physicians (as well as psychiatrists) are encouraged to utilize the Adult Safety with Antipsychotic Prescribing (ASAP) prior authorization program within NCTracks to document the clinical rationale for use and discussion or risk/benefits of the use of these agents when atypical antipsychotic use is indicated in the adult Medicaid population.
	CSRS Registry Participation	All providers (including family medicine, pediatricians, specialists) are encouraged to register with and utilize the Controlled Substance Reporting System (CSRS). The CSRS is a statewide reporting system to improve the state's ability to identify people who abuse and misuse prescription drugs classified as Schedule II-V controlled substances. It is also meant to assist clinicians in identifying and referring for treatment patients misusing controlled substances.

DRAFT