NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary

August 23, 2019

Shantrina Roberts
Associate Regional Administrator
Division of Medicaid
Centers for Medicare and Medicaid Services
Region IV
Atlanta Federal Center
61 Forsyth Street, SW Suite 4T20
Atlanta, GA 30303-8909

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2019-0008

Dear Ms. Roberts:

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected pages are Attachment 3.1-A.1, Pages 15a.6; 15a.6a; 15a.6b and Attachment 4.19-B, Section 13, Page 18.
This state plan change will allow Medicaid to change the State Maximum Allowable rate for Community Support Team services due to a change in the service definition. It is designed to provide direct support to adults with disabilities needing long term services and supports who are transitioning into supportive housing specifically those who are transitioning from an institutional setting or their current housing is unstable.

This amendment is effective October 1, 2019.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at 919-527-7093.

Sincerely,

Mandy Cohen, MD, MPH
Secretary

Enclosures

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES •

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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

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

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

CST is designed to:

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

Documentation must include: a service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's interventions, includes the time spent performing the interventions, effectiveness of the intervention, and the signature of the staff providing the service.

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

a. One full-time equivalent (FTE) dedicated Team Leader who is a licensed clinician. The team leader shall meet the requirements specified for licensed clinician according to 10A NCAC 27G. 0104 (12). An associate level licensed clinician actively seeking licensure may serve as the Team Leader conditional upon being fully licensed within 30 calendar months from the effective date of hire.

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

b. One FTE dedicated team member who is a licensed substance abuse professional. Team member can be a Certified Clinical Supervisor (CCS), Licensed Clinical Addiction Specialist (LCAS), Licensed Clinical Addiction Specialist-Associate (LCAS-A), or a Certified Substance Abuse Counselor (CSAC) according to 10A NCAC 27G .0104(2)(4)(11).

c. Two FTE team members that are Qualified Professionals, Associate Professionals, or Paraprofessionals meeting requirements according to 10A NCAC 27G .0104(1)(19) or NC Certified Peer Support Specialist (NCCPSS).

The team maintains a consumer to practitioner ratio of no more than twelve consumers per staff person. All staff providing this service must have a minimum of one-year documented experience with the adult population. Clinical criteria are imbedded in the definition as well as service limitations to prevent duplication of services. It must be ordered by either, a physician, physician assistant, nurse practitioner or licensed psychologist. After December 31, 2010, this service can only be provided by and billed by a Critical Access Behavioral Health Care Agency (CABHA).

Prior approval will be required. This initial prior approval process will ensure that the level of the service is appropriate and concurrent reviews will determine the ongoing medical necessity for the service or the need to move up or down the continuum of services to another level of care.

CST services:
Exclusions and limitations of CST are:

- A beneficiary may receive CST services from only one CST provider organization during any active authorization period for this service.

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

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

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

MEDICAL ASSISTANCE
State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

18) Community Support Team (H2015HT)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Community Support Team. The rate has changed and is effective as of October 1, 2019 for services provided on or after that date. The rate will be billed in increments of 15 minutes. The rate was derived based on required staffing direct labor and employment costs, overhead and associated program expenses. All rates are on the agency's fee schedule which is published on the agency's website at https://dma.ncdhhs.gov/providers/fee-schedules.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.6, Paragraph 13.d., subparagraph (vii).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.