2024-2025 Medicaid Direct B3 Behavioral Health Services Benefit Plan

Notice: All BH I/DD Tailored Plan Members receiving 1915(b)(3) services must be transitioned from 1915(b)(3) services to 1915(i) by Sept. 30, 2024. All members receiving 1915(b)(3) services must be transitioned to 1915(i) no later than December 31, 2024, which is when all 1915(b)(3) services will be phased out.

Service Code(s):	***Services Included (Sorted by Alphabetical Order):***
H0043	Community Transition - B3
H2023, H2023Z1UA, H2023Z2UA, H2023Z3UA, H2023Z4UA, H2023Z6UA, H2023Z7UA, H2023Z8UA, H2023Z9UA, H2023Z5UA	Individual Placement and Support (IPS) - B3
T1019HE, T1019TS	Individual Support - B3
99241, 99242U4, 99244U4	Physician Consultation - B3
H0045, H0045HQ	Respite - B3
H2023, H2026, H2026HQ	Supported Employment (Employment Specialist) - B3

Codes / modifier combinations not mentioned for specialized services will be found within contracts.
For Medicaid services, Child services are available through age 21. Adult services are available from age 21 and older.
When state Medicaid coverage provisions conflict with the coverage provisions in a Trillium policy, state Medicaid coverage provisions take precedence.

Person-Centered Plan Requirements & Guidance

Providers can use the PCP template or develop their own template, but the PCP ***must*** contain all the required elements: 1) Assessment of life domains; 2) Person-Centered Interview Questions; 3) An action plan; 4) An enhanced crisis intervention plan, and; 5) A signature page. The PCP should be based on a comprehensive assessment that examines the individual's symptoms, behaviors, needs and preferences across the life domains listed below. Additional info can be found on the NCDHHS Person-Centered Planning Training webpage (PCP Guide). See the JCB #445 Timelines for Implementation for the implementation requirements for the new PCP guidance and templates.

Life Domains (PCP Guide)

Each life domain should provide a written picture of what is currently happening, what the individual's vision for a preferred life is for that area, and what the provider is doing to support the individual to move closer to living their preferred life.

- *Daily Life and Employment Domain*: What a person does as part of everyday life.
- *Community Living Domain*: Where and how someone lives.
- *Safety and Security Domain*: Staying safe and secure (finances, emergencies, relationships, neighborhood, legal rights, etc.).
- *Healthy Living Domain*: Managing and accessing health care and staying well.
- *Social and Spirituality Domain*: Building/strengthening friendships and relationships, cultural beliefs, and faith community.
- *Citizenship and Advocacy Domain*: Building valued roles, understanding personal rights, making choices, sexual orientation, self-identification, setting goals, assuming responsibility and driving how one's own life is lived.

Person-Centered Interview Questions (PCP Guide)

These identify what the person wants to work on, what they would like to accomplish, their identified strengths, and any identified obstacles preventing them from reaching their goals.

Action Plan (PCP Guide)

The Action Plan section of the PCP includes the individual's long-term goal, short-term goals, and interventions or the action steps to be taken to achieve these goals. For each desired long-term goal, the Action Plan will include short-term goal(s) as well as interventions.

- *Long-Term Goal Development*: what motivates the person to engage in services and make changes. These are personal to that individual, often reflect one or more Life Domains, and typically take time to achieve. Ideally, long-term goals are oriented toward quality-of-life priorities and not only the management of health conditions and symptoms.
- Short-Term Goals: help the person move closer to achieving their long-term goals. They reflect concrete changes in functioning/skills/activities that are meaningful to the person and are proof they are making progress. Short-term goals build on strengths while also addressing identified needs from the assessment that interfere with the attainment of the valued, long-term life goal(s). Short-term goals are written in SMART (Specific/Straightforward/Simple, Measurable, Achievable, Relevant, and Time-Limited) language.
- Interventions: reflect how all team members contribute to helping the person achieve their short-term goals. Interventions are the specific tasks the provider and individual agree on. The language of interventions should include: WHO is offering the intervention/support, WHAT specifically

will be provided or done (e.g., title of service or action), WHEN it is being offered – frequency and duration (e.g., once a month for 3 months), and WHY it is needed (i.e., how the intervention relates to the individual's specific goal).

Enhanced Crisis Intervention Plan (PCP Guide)

A crisis plan includes supports/interventions aimed at preventing a crisis and the supports/interventions to employ if there is a crisis. It must include:

- Significant event(s) that may create increased stress and trigger the onset of a crisis.
- Early warning signs which indicate a possible upcoming crisis.
- Crisis prevention and early intervention strategies
- Strategies for crisis response and stabilization
- Specific recommendations for interacting with the person receiving a crisis service.
- Diagnosis and insurance information,
- Name and contact information for medical and mental health provider
- List of medications including doses and frequency, allergies, and other medical and dental concerns.
- Living situation and planning for any pets and people, etc. in case of a crisis if applicable.
- Employment/ Educational status and plan for notification if applicable
- Preferred method of communication and language.
- Names and contact information of formal and informal support persons
- Suicide prevention and intervention plan, behavior plan, youth in transition plan and Psychiatric Advance Directive (PAD), if applicable.
- Crisis follow-up planning to include: 1) The primary contact who will coordinate care if the individual requires inpatient or other specialized care; 2) Name of the person who will visit the individual while hospitalized, and; 3) Provider responsible to lead a review/debriefing following a crisis and the timeframe.

Signature Page (PCP Guide)

Signatures are authenticated when the individual signing enters the date next to their signature. Check boxes left blank on the signature pages of the PCP will be returned as incomplete. A signature page must include:

- Person Receiving Services - Dated signature is required when the person is his/her own legally responsible person. A provider may not bill Medicaid for services until this signature is acquired if the individual is his or her own legally responsible person.
- Legally Responsible Person - Dated signature when the person receiving services is not his/her own LRP. A provider may not bill Medicaid for services until this signature is acquired, when applicable.
- Person Responsible for the Plan - Dated signature is required. Inclusion of the required information on the signature page of the PCP template by the Person Responsible for the Plan is also required for individuals under the age of 21 (Medicaid) or under age 18 (State) who are receiving enhanced services and are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the Criminal Court System.

- Service Order/Confirmation of Medical Necessity - Dated signature is required, plus confirmation of medical necessity, indication of whether review of the comprehensive clinical assessment occurred, and indication if the LP signing the service order had direct contact with the individual.

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source(s)
Community Transition - B3 Code(s): H0043	Service provides funding for an individual to move from an institutional setting into his/her own private residence in the community or to divert an enrollee from entering an adult care home. Institutional settings include adult care homes, Institutions for Mental Diseases (IMDs), State Psychiatric Hospitals, ICF-IIDs, nursing facilities, PRTFs, or alternative family living arrangements. This service may only be provided in a private home or apartment with a lease in the beneficiary's / legal guardian's / representative's name or a home owned by the beneficiary.	**Initial Requests**: **1.** TAR: prior authorization required **2.** Community Transition Checklist **3.** Meets ICF/IID criteria for IDD services, including evidence of an IDD dx before age of 22 or TBI **Reauthorization Requests**: None - may be provided only once during the five-year waiver period	**Length of Stay**: May be provided only once per waiver period and has a lifetime limit of $5,000 per individual **Age Group**: Adults with I/DD or SPMI **Level of Care**: N/A **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** No new admissions. Notice: All BH I/DD Tailored Plan Members receiving 1915(b)(3) services must be transitioned from 1915(b)(3) services to 1915(i) by Sept. 30, 2024. All members receiving 1915(b)(3) services will be transitioned to 1915(i) no later than December 31, 2024, which is when all 1915(b)(3) services will be phased out. **2.** Expenses are covered only to the extent that the member is unable to meet such an expense or when other support cannot be obtained. **3.** Service does not include: Monthly rental or mortgage expenses; regular utility bills; Rec items such as televisions, CD/DVD players and components; service and maintenance contracts and extended warranties. **4.** Service cannot duplicate services currently being provided by educational institutions or VR. **5.** Individuals on the Innovations waiver are not eligible for (b)(3) funded services. **6.** Community Transition may not be provided by family members.	Trillium CCB #37: 1915(i) waiver services and new B3 codes APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates Clinical Coverage Policy 8E Clinical Communication Bulletin #62: Medicaid Direct B3 services ending December 31, 2024

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Individual Placement and Support (IPS) - B3 Code(s): **H2023Z1UA**: IPS Milestone 1 **H2023Z2UA**: IPS Milestone 2 **H2023Z3UA**: IPS Milestone 3 **H2023Z4UA**: IPS Milestone 4 **H2023Z6UA**: IPS Milestone 5 **H2023Z7UA**: IPS Milestone 6 **H2023Z8UA**: IPS Milestone 7a **H2023Z9UA**: IPS Milestone 7b **H2023Z5UA**: Successful IPS	Service aids with choosing, acquiring, and maintaining employment for whom competitive employment has not been achieved and/or has been interrupted or intermittent. The primary outcome of the service is competitive employment: i.e., a job that pays at least minimum wage, for which anyone can apply, and is not specifically set aside for people with disabilities.	**Pass-Through Period:** Prior authorization is not required for this service. **Maintained in the Record (not all inclusive):** **1.** CCA: Required, to include current diagnosis, level of functioning, and an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions (if applicable). **2.** Career Profile or Complete PCP: Required. If the individual receives an enhanced service, employment and other services must be identified on an integrated PCP with an attached in-depth Career Profile. Frequency and intensity of services must be documented in the Career Profile and must be individualized. **3.** Service Order: Required **4.** VR Documentation: Evidence of on-going Voc Rehab collaboration. IPS providers must refer individuals to DVRS for eligibility determination of employment services when initiating services. If determined eligible for VR services, the provider and DVRS will collaborate on employment services. **5.** Updated PCP, Service Plan or Career Profile: Required. If the individual receives an enhanced service, employment and other services must be identified on an integrated PCP with an attached in-depth Career Profile. Frequency and intensity of services must be documented in the Career Profile and must be individualized.	**Length of Stay**: The duration and frequency at which IPS is provided must be based on MN and progress made by the individual toward goals outlined in the Career Profile **Units**: One unit= 15 minutes **Age Group**: Adults & Adolescents (age 16 years and older) with: **1.** A serious mental illness (SMI) that includes severe and persistent mental illness (SPMI); **OR** **2.** A serious emotional disturbance (SED); **OR** **3.** A severe substance use disorder (SUD) **Level of Care**: N/A **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** No new admissions. Notice: All BH I/DD Tailored Plan Members receiving 1915(b)(3) services must be transitioned from 1915(b)(3) services to 1915(i) by Sept. 30, 2024. All members receiving 1915(b)(3) services will be transitioned to 1915(i) no later than December 31, 2024, which is when all 1915(b)(3) services will be phased out. **2.** Individuals may not be disqualified from engaging in employment because of perceived readiness factors, such as active substance use, criminal background issues, active MH symptoms, or personal presentation. The individual's assessment and the Career Profile must be submitted within the first 30 calendar days of service initiation. **3.** The use of MCD funds to pay for SE to providers that are subsidizing their participation in providing this service is not allowed.	Individual Placement and Support for AMH/ASA Service Definition Trillium CCB #37: 1915(i) waiver services and new B3 codes JCB #455: Clarification of IPS Services Billing in Conjunction with DVR Services Milestones APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates Clinical Communication

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			4. IPS providers will bill DVRS for milestone payments for services provided by the Employment Support Professional (ESP). A member may receive peer services and benefits counseling during the vocational rehabilitation milestones. IPS providers should bill H2023 for services provided by the Employment Peer Mentor (EPM) and the Benefits Counselor (BC).	Bulletin #62: Medicaid Direct B3 services ending December 31, 2024

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Individual Support - B3 Code(s): **T1019 HE**: Individual Support **T1019 TS**: Individual Support, Community	Individual Support is a "hands-on" service for persons with SPMI. The intent of the service is to teach and assist individuals in carrying out Instrumental Activities of Daily Living (IADLs), such as preparing meals, managing medicines, grocery shopping and managing money, so they can live independently in the community.	**Initial Requests**: **1.** TAR: prior authorization required **2.** CCA: Required **3.** Tx/ Service Plan: Required. Complete PCP when this service is provided in conjunction with a service found in the Clinical Coverage Policies 8A, as well as the state-funded enhanced MH/SA, to include all required signatures and the 3-page crisis plan. **4.** Service Order: Required **Reauthorization Requests**: **1.** TAR: prior authorization required **2.** Tx/ Service Plan recently reviewed detailing the member's progress with the service, to include the required signatures. Updated PCP is required when this service is provided in conjunction with a service found in the Clinical Coverage Policies 8A, as well as the state-funded enhanced MH/SA.	**Length of Stay**: Up to 90 days per request for both Initial and Reauth **Units**: **1.** One unit = 15 minutes **2.** No more than 240 units per month (60 hours per month). Specific authorization must be obtained to exceed these limits. **3.** It is expected that service intensity titrates down as the member demonstrates improvement. **Age Group**: **1.** Adults 18 and older with a diagnosis of Serious and Persistent Mental Illness (SPMI) **2.** Members between the ages of 18 and 21 may not live in a group residential treatment facility and receive this service. **Level of Care**: N/A **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** No new admissions. Notice: All BH I/DD Tailored Plan Members receiving 1915(b)(3) services must be transitioned from 1915(b)(3) services to 1915(i) by Sept. 30, 2024. All members receiving 1915(b)(3) services will be transitioned to 1915(i) no later than December 31, 2024, which is when all 1915(b)(3) services will be phased out. **2.** Individuals may receive this service up to 90 days prior to transitioning into independent housing. **3.** Individuals who live in independent housing may receive this service with a plan to fade or decrease services over time. **4.** Individuals on the Innovations waiver are not eligible for this service. **5.** May not be during the same auth period as ACT. May not be provided by family members.	Individual Support (Personal Care) (b)(3) Waiver Service Definition Trillium CCB #37: 1915(i) waiver services and new B3 codes APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates Clinical Communication Bulletin #62: Medicaid Direct B3 services ending December 31, 2024

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Physician Consultation - B3 Code(s): **99241 U4**: Physician Consultation, Brief **99242 U4**: Physician Consultation, Intermediate **99244 U4**: Physician Consultation, Extensive	This service provides an avenue for communication between a primary care provider and a psychiatrist for a member specific consultation that is medically necessary for the medical management of psychiatric conditions by the primary care provider.	**Initial Requests**: Prior authorization is not required for this service. Justification, including the amount, duration and frequency of the service must be included in the ISP, PCP, or Tx Plan. **Reauthorization Requests**: Prior authorization is not required for this service. Justification, including the amount, duration and frequency of the service must be included in the ISP, PCP, or Tx Plan.	**Length of Stay**: **1.** Brief: Provided in 15-minute increments. **2.** Intermediate: Provided in 16 to 30-minute increments. **3.** Extensive: Provided in 31 to 60-minute increments. **Age Group**: **1.** Children ages 3 – 21 with Serious Emotional Disturbance (SED) **2.** Adult ages 18 and older with Serious Mental Illness (SMI) and/or Severe and Persistent Mental Illness (SPMI) **Level of Care**: N/A **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** No new admissions. Notice: All BH I/DD Tailored Plan Members receiving 1915(b)(3) services must be transitioned from 1915(b)(3) services to 1915(i) by Sept. 30, 2024. All members receiving 1915(b)(3) services will be transitioned to 1915(i) no later than December 31, 2024, which is when all 1915(b)(3) services will be phased out.	Physician Consultation (b)(3) Waiver Service Definition Trillium CCB #37: 1915(i) waiver services and new B3 codes APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates Clinical Communication Bulletin #62: Medicaid Direct B3 services ending December 31, 2024

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Respite - B3 Limited funding. Not an entitlement. Code(s): **H0045**: Respite, Individual **H0045HQ**: Respite, Group	Respite services provide periodic support and relief to the primary caregiver(s) from the responsibility and stress of caring for those with a disability. Members receiving this service must live in a non-licensed setting, with non-paid caregiver(s).	**Initial Requests**: **1.** TAR: prior authorization required **2.** CCA: Required Complete PCP: Required **3.** Tx/ Service Plan: Required. Complete PCP is required when this service is provided in conjunction with a service found in the Clinical Coverage Policies 8A, as well as the state-funded enhanced MH/SA. **4.** Service Order: Required **5.** For IDD Members: Meet ICF/IID criteria for IDD services, including evidence of an IDD dx before age of 22 or TBI. See CCP 8E, section 3.3 ICF/IID Level of Care Criteria for the full requirement. **Reauthorization Requests**: **1.** TAR: prior authorization required **2.** Tx/ Service Plan: recently reviewed detailing the member's progress with the service. Updated PCP is required when this service is provided in conjunction with a service found in the Clinical Coverage Policies 8A, as well as the state-funded enhanced MH/SA. **3.** For IDD Members: Meet ICF/IID criteria for IDD services, including evidence of an IDD dx before age of 22 or TBI. See CCP 8E, section 3.3 ICF/IID Level of Care Criteria for the full requirement.	**Length of Stay/ Units**: **1.** One unit = 15 minutes **2.** Up to 64 units (16 hours a day) can be provided in a 24-hour period. **3.** No more than 1536 units (384 hours or 24 days) can be provided in a calendar year unless specific authorization is approved **Age Group**: **1.** Children ages 3-21 and adults with an IDD dx and/or who are functionally eligible but not enrolled in the Innovations Waiver program. **2.** Children ages 3-21 that require continuous supervision due to a MH or SU dx. **Level of Care**: For members aged 3-21 w/ an MH/SU diagnosis (and no IDD): Service is only available for members with an ASAM criteria level of 2.1 or greater (if applicable). While the LOCUS/ CALOCUS are specifically no longer required, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services. **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** No new admissions. Notice: All BH I/DD Tailored Plan Members receiving 1915(b)(3) services must be transitioned from 1915(b)(3) services to 1915(i) by Sept. 30, 2024. All members receiving 1915(b)(3) services will be transitioned to 1915(i) no later than December 31, 2024, which is when all 1915(b)(3) services will be phased out.	Respite (b)(3) Waiver Service Definition Trillium CCB #37: 1915(i) waiver services and new B3 codes APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates NCDHHS NC Support Needs Assessment Profile website Clinical Coverage Policy 8E Clinical Communication Bulletin #62: Medicaid Direct B3 services ending December 31, 2024

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Supported Employment (Employment Specialist) - B3 Code(s): **H2023**: Supported Employment, Initial (IDD) **H2026**: Supported Employment, Maintenance (IDD, LTVS) **H2026HQ**: Supported Employment, Maintenance Group (IDD, LTVS) The GT (Telehealth) and KX (Telephonic) modifiers can be used with these service code FOR THE IDD POPULATION ONLY.	Service aids with choosing, acquiring, and maintaining employment for whom competitive employment has not been achieved and/or has been interrupted or intermittent. The primary outcome of the service is competitive employment: i.e., a job that pays at least minimum wage, for which anyone can apply, and is not specifically set aside for people with disabilities.	**Initial Requests**: **1.** TAR: prior authorization required **2.** CCA: Required Complete PCP: Required **3.** Tx/ Service Plan: Required. Complete PCP is required when this service is provided in conjunction with a service found in the Clinical Coverage Policies 8A, as well as the state-funded enhanced MH/SA. **4.** Service Order: Required. PCP serves as Service Order for members w/ IDD. **5.** For IDD Members: Meet ICF/IID criteria for IDD services, including evidence of an IDD dx before age of 22 or TBI. See CCP 8E, section 3.3 ICF/IID Level of Care Criteria for the full requirement. **Reauthorization Requests**: **1.** TAR: prior authorization required **2.** Tx/ Service Plan: recently reviewed detailing the member's progress with the service. Updated PCP is required when this service is provided in conjunction with a service found in the Clinical Coverage Policies 8A, as well as the state-funded enhanced MH/SA. **3.** For IDD Members: Meet ICF/IID criteria for IDD services, including evidence of an IDD dx before age of 22 or TBI.	**Length of Stay/ Units**: **1.** SE, Initial: Max of 86 hours (344 units) per month for the first 90 days of services for initial job development, training, and support. **2.** SE, Individual: Max of 43 hours (172 units) per month for the second 90 days of services for intermediate training and support. **3.** LTVS: Max of 10 hours (40 units) per month. **4.** Specific authorization must be obtained to exceed the above limits. **Age Group**: Individuals age 16 and older who are not otherwise eligible for service under a program funded under the Rehabilitation Act of 1973 or P.L. and are functionally eligible for the Innovations waiver but not enrolled in the Innovations waiver. **Level of Care**: N/A **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** No new admissions. Notice: All BH I/DD Tailored Plan Members receiving 1915(b)(3) services must be transitioned from 1915(b)(3) services to 1915(i) by Sept. 30, 2024. All members receiving 1915(b)(3) services will be transitioned to 1915(i) no later than December 31, 2024, which is when all 1915(b)(3) services will be phased out. **2.** Group SE and LTVS are only available for individuals with IDD. Group SE and LTVS do not align with the IPS model for MH/SU. **3.** The use of MCD funds to pay for SE to providers that are subsidizing their participation in providing this service is not allowed.	Supported Employment (Employment Specialist) (b)(3) Waiver Service Definition Trillium CCB #37: 1915(i) waiver services and new B3 codes APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates Clinical Coverage Policy 8E Clinical Communication Bulletin #62: Medicaid Direct B3 services ending December 31, 2024

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