

Child Mental Health | Level of Care Continuum Services and Supports | Tip Sheet

See [*Trillium Mental Health Child Benefit Plan](#), [**Alternative and In-Lieu of Services Benefit Plan](#), and for *1915(i) services in development, refer to Trillium Benefit Plan and [B3 Service Definitions](#) until the [transition of 1915\(b\)\(3\) services to 1915\(i\) services](#) for required documents, authorization guidelines, and funding.

*****Additional supports and recommendations**

******Part of Care Continuum, not in Trillium Benefit Plan. Funding and placement supported by the Division of Social Services**



Child Mental Health / Medicaid Service Summary / Tip Sheet

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Service Category	Clinical Coverage Policy/NC Administrative Code	Service Description
<p>*Evaluation and Management (E and M)</p>	<p>8A-5 8C</p>	<p>Services focused on reducing psychiatric and behavioral symptoms in order to improve functioning in family, social, educational, or occupational life.</p> <p><i>Examples:</i> Diagnostic Assessment, Psychiatric and Biopsychosocial Assessment, Medication Management, Psychological Testing</p>
<p>*Outpatient Therapy</p>	<p>8C</p>	<p>Services focused on reducing psychiatric and behavioral symptoms in order to improve functioning in family, social, educational, or occupational life.</p> <p><i>Examples:</i> Individual, Group, and Family Therapy, Psychotherapy For Crisis, Trauma-Focused Cognitive Behavioral Therapy</p>
<p>*1915(i) Respite</p>	<p>42 CFR Part 441 Subpart M</p>	<p>Provides periodic support to primary caregivers for overnight, weekend, or emergency care. See B3 Service Definition; Note the transition of 1915(b)(3) services to 1915(i) services</p>
<p>**Child-First®</p>		<p>Home-based early childhood intervention to decrease the incidence of serious emotional disturbance, developmental and</p>

Document to be used as a reference guide only. All utilization management guidelines, state & federal regulations must be considered.

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		<p>learning problems and abuse/neglect among the most vulnerable and young children and families. Promotes optimal social-emotional, cognitive, and physical development by developing caregiver-child relationships, promoting adult capacity, and connecting families to needed services. See Alternative ILOS Service Description Child First®</p>
<p>*Intensive In-Home Services (IIH)</p>	<p>8A</p>	<p>Time-limited, intensive child and family intervention designed to address the identified needs of children and adolescents who, due to serious and chronic symptoms of an emotional, behavioral, or substance use disorder, are unable to remain stable in the community without intensive interventions. Designed to reduce presenting psychiatric or substance use disorder symptoms; provide first responder intervention to diffuse current crisis, ensure linkage to community services and resources; and prevent out of home placement for the beneficiary.</p>
<p>*Multi-Systemic Therapy (MST)</p>	<p>8A</p>	<p>Intensive, therapeutic treatment model for youth and families of youth who are transitioning from or at risk of out-of-home placement. Designed to address special areas such as a substance use disorder, sexual abuse, sex offending, and domestic violence. System of Care approach involving families, school, probation officers, extended families, and community connections.</p>

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<p>**Family-Centered Treatment® (FCT)</p>		<p>Comprehensive and systemic evidence-based model of intensive in-home treatment for at risk children, adolescents, and families. Promotes eco-structural and emotionally focused therapy. Alternative to residential placements, hospitalization, correctional facility placement, and other community-based services to decrease. See Alternative ILOS Service Description Family Centered Treatment®</p>
<p>**High Fidelity Wraparound (HFW)</p>		<p>Intensive, team-based, person-centered service providing coordinated and integrated family-driven care for youth/young adults with complex needs who are involved with multiple systems (e.g. mental health, child welfare, juvenile/criminal justice, special education) who are experiencing serious emotional or behavioral difficulties, have a dual diagnosis (MH and/or SUD, and IDD) and are at risk of placement in therapeutic residential settings, other institutional settings, or have experienced multiple crisis events. See Alternative ILOS Service Description High Fidelity Wraparound.</p>
<p>*Residential Level II-Family/Program Type</p>	<p>8D-2</p>	<p>24-hour service for intensive, interactive, psychoeducational therapeutic interventions, which still fall below the level of staff secure/24-hour supervision and treatment settings. Setting and staff are either "Family Type"-Therapeutic Foster Care (TFC) or Intensive Alternative Family Treatment (IAFT)-"Program Type" (Group). Staff/family are not necessarily awake but must be constantly available to respond to beneficiaries needs.</p>

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		Individualized, intensive supervision and structured daily living is provided to minimize occurrence of behaviors related to functional deficits, ensure safety during the presentation of out-of-control behaviors, or maintenance of an optimum level of functioning.
*Residential Level III SAY Program	<u>8D-2</u>	24-hour service with continuous supervision/awake staff during sleep hours. Includes all Family/Program Residential Level II Treatment Elements with more intensive, active therapeutic intervention, for addressing needs of Sexually Aggressive Youth (SAY). Treatment setting is staff secure including a higher level of consultative, direct service from psychologists, psychiatrists, and medical professionals. Therapeutic interventions are specifically planned, include focused interactions designed to assist the beneficiary in correcting patterns of inappropriate interpersonal behavior, and managing the stress/discomfort associated with the process of change.
*Residential Level IV	<u>8D-2</u>	24-hour service which includes all Residential Treatment High Level III elements with continuous supervision and awake staff during sleep hours. Provides school, psychological and psychiatric consultation, nurse practitioner, vocational training, recreational activity, and other relevant services in the context of residential treatment. Typically, the treatment needs of beneficiaries are so extreme that these activities can only be undertaken in a therapeutic context. This service provides

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		intensive focus in helping beneficiaries acquire disability management skills through significantly increased on-site interventions from qualified professionals including psychologists and physicians.
*Day Treatment	<u>8A</u>	Designed to serve children who, as a result of their mental health or substance use disorder treatment needs, are unable to benefit from participation in academic or vocational services at a developmentally appropriate level in a traditional school or work setting. Interventions aim to reduce symptoms, improve behavioral functioning, increase the individual’s ability to cope with and relate to others, promote recovery, and enhance the beneficiary’s capacity to function in an educational setting, or to be maintained in community-based services.
*Psychiatric Residential Treatment Facility (PRTF)	<u>8D-1</u>	Provides non-acute inpatient facility care for beneficiaries who have a mental illness or a substance use disorder and need 24-hour supervision and specialized interventions. Includes individualized treatment planning at least 90 days prior to discharge which incorporates input from Child and Family Treatment Team, and unless contraindicated, from active family/extended support systems, along with social, occupational and interpersonal assessment.
*Partial Hospitalization	<u>8A</u>	Short-term service for acutely mentally ill children, providing a range of intensive therapeutic approaches such as: group activities or therapy, individual therapy, recreational therapy,

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		community living skills or training. Designed to increase the individual's ability to relate to others and to function appropriately and coping skills. Treatment planning begins upon admission and includes physician involvement in diagnosis, treatment, and discharge and is designed to prevent hospitalization or serve as a step-down from an inpatient facility.
*Mobile Crisis Management (MCM)	8A	Mobile Crisis Management (MCM) involves immediate evaluation, triage, and access to all support, services and treatments necessary to provide integrated crisis response, crisis stabilization interventions, and crisis prevention activities on a 24/7/365 basis.
*Facility-Based Crisis (FBC)	8A-2	Alternative to hospitalization for eligible beneficiaries who present with escalated behavior due to a mental health, intellectual or development disability or substance use disorder and require treatment in a 24-hour residential facility. Intensive, short term medically supervised 24/7/365 service in a physically secure setting. Provides assessment and short-term therapeutic interventions under the direction of a psychiatrist and designed to prevent hospitalization by de-escalating and stabilizing acute responses to crisis situations.
*Inpatient Behavioral Health Services	8-B	Inpatient Behavioral Health Services provide hospital treatment in a hospital setting for 24 hours a day. Supportive nursing and medical care are provided under the supervision of a

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		psychiatrist or a physician. Service is designed to provide continuous treatment for beneficiaries with acute psychiatric or substance use problems.

Sources: [NC Medicaid Division of Health Benefits Behavioral Health Clinical Coverage Policies](#); [Code of Federal Regulations](#); [NC Medicaid Behavioral Health/IDD Services](#)