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**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 19-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
61 Forsyth Street S.W. Suite 4T20  
Atlanta, Georgia 30303



## **Atlanta Regional Operations Group**

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October 3, 2019

Mr. Dave Richard  
Deputy Secretary  
Division of Medical Assistance  
North Carolina Department of Health and Human Services  
2501 Mail Service Center  
Raleigh, North Carolina 27699-2501

Dear Mr. Richard:

We have reviewed the proposed amendment to the North Carolina State Plan (SPA) NC 19-0008 which was submitted on August 30, 2019. This SPA was submitted to allow Medicaid to change the State Maximum Allowable rate for Community Support Team services due to a change in the service definition.

Based on the information provided, we have approved Medicaid State Plan Amendment NC 19-0008 on October 2, 2019. The effective date of this amendment is October 1, 2019.

Should you have questions or need further assistance, please contact Donald Graves at (919) 828-2999, or Charles Friedrich at (404) 562-7404.

Sincerely,

/s/

Davida R. Kimble  
Acting Deputy Director  
Division of Medicaid Field Operations South

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	<b>1. TRANSMITTAL NUMBER:</b> 19-0008	<b>2. STATE</b> NC
	<b>3. PROGRAM IDENTIFICATION:</b> TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>TO: REGIONAL ADMINISTRATOR</b> <b>HEALTH CARE FINANCING ADMINISTRATION</b> <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>	<b>4. PROPOSED EFFECTIVE DATE</b> October 1, 2019	

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN                     
  AMENDMENT TO BE CONSIDERED AS NEW PLAN                     
  AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

<b>6. FEDERAL STATUTE/REGULATION CITATION:</b>  42 CFR 438.6 (c)	<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY 2020    \$6, 376,161,00 b. FFY 2021    \$7, 915,234,00
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b> Attachment 3.1-A1, pages 15a.6;15a.6a;15a.6b Attachment 4.19-B, Section 13; page 18.	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):</b> Attachment 3.1-A1, pages 15a.6;15a.6a; Attachment 4.19-B, Section 13, page 18.

10. SUBJECT OF AMENDMENT:

Community Support Team Service (CST)

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT                     
  OTHER, AS SPECIFIED: Secretary  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b> /s/	<b>16. RETURN TO:</b>  Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014
<b>13. TYPED NAME:</b> Mandy Cohen, MD, MPH	
<b>14. TITLE:</b> Secretary	
<b>15. DATE SUBMITTED:</b>	

FOR REGIONAL OFFICE USE ONLY	
<b>17. DATE RECEIVED:</b> 08/30/19	<b>18. DATE APPROVED:</b> 10/02/19

PLAN APPROVED – ONE COPY ATTACHED	
<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> 10/01/19	<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b> /s/
<b>21. TYPED NAME:</b> Davida R. Kimble	<b>22. TITLE:</b> Acting Deputy Director Division of Medicaid Field Operation

23. REMARKS: Approved with the following changes to block 8 and 9 as authorized by the state on email dated: 09/30/19

Block# 8 changed to read: Attachment 3.1-A.1 pages 15a.6, and 15a.6a; Attachment 4.19-B Section 13 page 18

Block# 9 changed to read: Attachment 3.1-A.1 pages 15a.6, and 15a.6a; Attachment 4.19-B Section 13 page 18

**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.

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. 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.
- 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).
- c. Two FTE team members that are Qualified Professionals, Associate Professionals, or Paraprofessionals or NC Certified Peer Support Specialist (NCCPSS).

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).

A beneficiary will be offered a choice of CST providers that include Certified Peer Support Specialist (CPSS) on the team if it is medically necessary that beneficiary have a CPSS.

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.

**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. The beneficiary may choose a new provider at any time, which will initiate a new service authorization request and a new authorization period.
- CST may not be provided during the same authorization period as any other State Plan service that contains duplicative service components.

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

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**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. This service may not be provided to beneficiaries residing in Institutions for Mental Disease (IMD) regardless of the facility type.
- 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

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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://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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.

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TN No: 19-0008

Supersedes

TN No: 14-032

Approval Date: 10/02/19

Effective Date: 10/01/19